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UCSF Newsbreak

Special Insert — UCSF and the strain of change

Founders Day Banquet April 20

UCSF Medal goes to Sarah Gomez Erlach, David Smith, George Thorn

By ALLEN J. BALDERSON

Three outstanding leaders — a champion of health care rights of minorities, a provider of free medical care to the needy, and a seminal leader in shaping the recent development of biomedical science in the US — will receive this year's UCSF Medal. The winners are Sarah Gomez Erlach, David E. Smith and George W. Thorn.

The three will receive their medals at a banquet during Founders Day activities the evening of Thursday, April 20. The festivities will begin with a reception at 6:30 p.m. followed by dinner at 7:15 p.m. in the Grand Ballroom of the Westin St. Francis Hotel, 335 Powell Street in San Francisco. The entire campus community is invited to attend. For an invitation to the banquet call Jon Pierucci at 476-4454. Tickets are $50 per person.

Initiated in 1975 by then Chancellor Francis A. Sooy, the UCSF Medal is the most prestigious award given by the campus to people from the community who have made outstanding personal contributions in the health sciences, and whose efforts mirror the goals and values of UCSF.

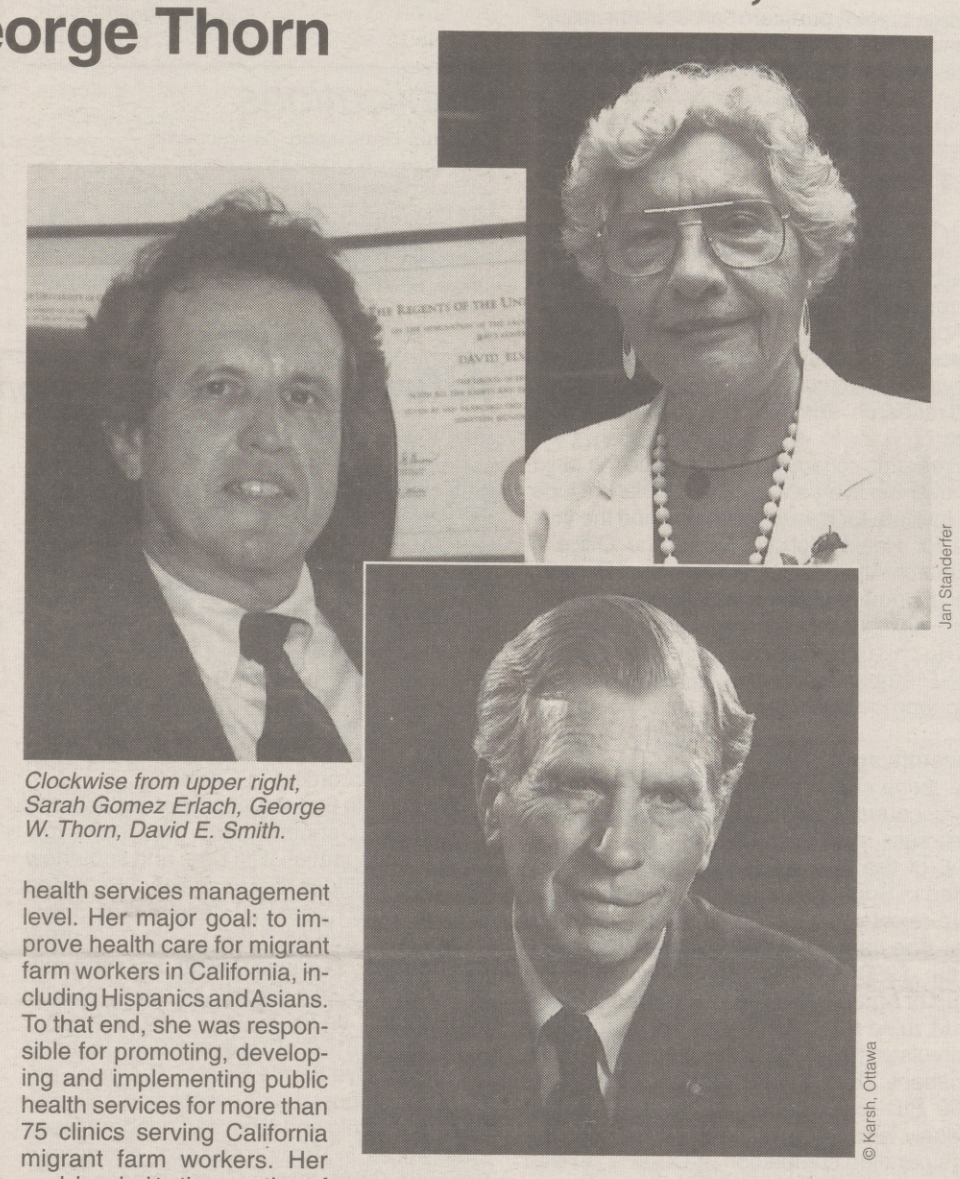
♦ One of nine children, Sarah Gomez Erlach was born of parents who were refugees of the Mexican Revolution. Raised in Southern California, she was the only Hispanic in the UC School of Nursing class of 1949. With a nursing career spanning decades, she has served both as a military nurse at all levels — from cadet, to chief nurse at two reserve hospitals, to full colonel — and as a civilian nurse for 33 years.

"From my parents I learned early that in this country a person from a humble background can reach any level."

— Sarah Gomez Erlach

"From my parents I learned early that in this country a person from a humble background can reach any level," says Erlach in an interview with Profile (Spring '93) from University Development & Alumni Relations.

Her nursing career is just one aspect of her many achievements. After receiving her MPH from the University of Minnesota in 1962, she continued an extensive career in the public health arena at the staff, administrative and health services management level. Her major goal: to improve health care for migrant farm workers in California, including Hispanics and Asians. To that end, she was responsible for promoting, developing and implementing public health services for more than 75 clinics serving California migrant farm workers. Her work has led to the creation of the state's Primary and Rural Health Care Systems Branch of the Primary Care and Family Health Division.



Jan Standerfer

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Clockwise from upper right, Sarah Gomez Erlach, George W. Thorn, David E. Smith.

Erlach has set up a trust to benefit the UCSF School of Nursing. She told Profile that, "Having seen throughout my career the shortage of qualified nurses, especially from minorities, I resolved to one day help those who came after me." The trust will be used for an endowed scholarship for students interested in Hispanic health concerns as well as specific academic programs.

♦ When you recall San Francisco's "Summer of Love," it's easy to think of David E. Smith, founder of one of the nation's largest and oldest free clinics. Smith was one of the first to confront the downside of the free-spirited youth of the '60s, mainly sexually transmitted diseases and drug abuse, by opening the Haight Ashbury Free Clinic, of which he still serves as president and medical director.

A 1964 UCSF graduate in both medicine (MD) and pharmacology (MS), Smith opened the clinic at a time when he was just finishing his postdoctoral fellowship in pharmacology and toxicology at UCSF. It was a time when many in the medical profession thought it unwise to help drug addicts.

In the December '94 issue of the California Physician, Smith said, "There was a long-standing fear in mainstream medicine that treating addicts would give medicine a bad name. When one of my professors learned

(See **MEDAL** *on page 2)*

UC Regents debate race-based issues

By SAMANTHA D. PETERSON

While rain and wind lashed the state on March 10, a different kind of storm raged inside UC Davis' Freeborn Hall. At its center was the doctrine called affirmative action, the lastest squall in California's heated political atmosphere.

As part of the UC Davis symposium, Regent Ralph Carmona defended UC's present affirmative action policies while Regent Ward Connerly argued for the removal of race-based preferences. According to Connerly, many students carry the stigma of being products of affirmative action even when almost all of them were accepted to the University based on their merits, not their race.

"My goal is to try to fashion a set of policies at UC based on economic status, based on a whole range of other things where race is not a factor," said Connerly. "I don't care what we come up with as a system, it doesn't matter to me, as long as race and ethnicity are not a part of the criteria."

In defense of affirmative action, Carmona related his personal experiences, including low college admissions test scores, saying that affirmative action allowed him the opportunity to go to college and receive various degrees. Carmona, who has a PhD, said, "I am an affirmative action baby, but I don't have a problem saying that because of my sense of self-worth. My American identity includes, does not exclude, my ethnicity."

"We need students who will address very fundamental economic and social values," said Carmona. "[We] must look at students in terms of what values and educational motivation they will bring to the University. Do we really need students in medical school simply because they have high grades? Or do we need students also because we know in the future they will treat us well as a patient and

(See **AFFIRMATIVE ACTION** *on page 2)*

Chancellor Martin to appoint new diversity committee

Within the next few weeks, Chancellor Joseph Martin will appoint a new Chancellor's Committee on Diversity, whose charge, he says, will be to assist him in identifying specific diversity initiatives for prompt implementation.

In an e-mail to campus members earlier this month, Martin said that with affirmative action discussions occurring both nationally and locally, and the UC Regents debating the subject at several meetings through June, "It is especially important that I reaffirm to the campus my strong personal commitment to insuring that UCSF continues to work hard to encourage and support diversity — among our students, faculty, staff and decision makers."

Martin added that he had no doubt that current affirmative action and diversity initiatives could be improved, but urged that changes be made only where needed. "It would be foolhardy to overlook, or worse, to impede the progress that has been made by our many past and current efforts to embrace diversity."

Before appointing the new diversity committee, Martin first is having three different focus group discussions with various members of the campus community, which members of his cabinet will attend. Cabinet members then will return to Martin with a better sense of what the campus priorities are and with their recommendations on both affirmative action and diversity.

Administrative offices, social and behavioral sciences to move to Laurel Heights building over next five years

By BILL GORDON

The Laurel Heights building will become an important center for the study of health policy, aging, and other social and behavioral sciences under a revised plan for the building.

According to Chancellor Joseph B. Martin, UCSF proposes to relocate administrative offices, office-based instruction and research programs that do not require biomedical laboratories to Laurel Heights. The resulting center will bring together researchers from a wide range of disciplines who study ways to modify society or individual behaviors to bring about health promotion, better compliance with medical treatment, or improved quality of life.

The new center will create an environment in which experts in fields ranging from epidemiology and sociology to anthropology and ethics can consult and exchange ideas.

"UCSF is committed to developing a plan that benefits the campus and is compatible with the Laurel Heights neighborhood," says Martin, who made the development of such a plan for Laurel Heights a high priority from the day he became chancellor in 1993.

The five-year occupancy plan for the facility calls for maintaining the existing laboratory space (7 percent of the total) and devoting the rest of the space to administrative offices and office-based instruction and research programs, such as those in social and behavioral sciences.

Informational, scoping meetings

UCSF will outline the revised plan and discuss the Environmental Impact Report it plans to prepare at an informational meeting on Tuesday, April 4, at 7 p.m. in the Laurel Heights auditorium. A scoping meeting to receive public comments on the topics that will be examined in the new EIR will be held on Wednesday, April 12, also at 7 p.m. in the Laurel Heights auditorium.

Located at 3333 California St., the Laurel Heights building contains about 250,000 square feet of usable space, of which about 60 percent currently is vacant. Nearly 400 people currently work in the building, about 28 percent of the 1,400 employees expected to occupy it at the end of the five-year plan.

UCSF purchased the Laurel Heights building in 1985 and subsequently announced plans to move the School of Pharmacy and some academic programs of the School of Medicine into the building. A group of neighborhood residents filed a lawsuit in 1986 to block UCSF's plan, including the relocation of laboratories to the building.

The homeowners and UC have been struggling ever since to reach an agreement on how the building can best be used to benefit the neighborhood and UCSF.

Current occupants of the Laurel Heights building include administrative and academic offices and support facilities, including a 7,000-square-foot auditorium and conference center. Existing biomedical laboratory space in the building totals about 17,400 square feet, including a laboratory which uses biotechnology to search for new methods of diagnosing and treating parasitic diseases, a laboratory which compounds and repackages bulk drug

(See **LAUREL HEIGHTS** *on page 2)*

Gazette

Honors & Awards

Gilliss

Catherine L. Gilliss, family health care nursing: Regent, University of Portland.

Roderic H. Phibbs, pediatrics & neonatology: Symposium in his honor, Western Society of Pediatric Research.

James D. Bristow, pediatrics & cardiology: Ross Young Investigator Award, Western Society for Pediatric Research.

Melissa Elder, pediatrics & immunology/rheumatology: Young Investigator Award, Society for Pediatric Research.

Palacio

Herminia Palacio, medicine & emergency services, SFGH: Fellowship, Robert Wood Johnson Foundation Minority Medical Faculty Development Program.

Gerd J. Cropp, clinical pediatrics, pediatrics & Cystic Fibrosis Center: Editor, "Pediatric Pulmonology."

George L. Kenyon, dean, School of Pharmacy: Member, US National Committee for the International Union of Biochemistry and Molecular Biology.

Ponton

Lynn Ponton, psychiatry & child and adolescent consult liaison service: Member, Child & Adolescent Psychiatry Written Committee, American Board of Psychiatry and Neurology; child psychiatry consultant, Subboard of Adolescent Medicine, American Board of Pediatrics' written examination.

Publications

Deborah Greenspan, oral medicine, stomatology & Oral AIDS Center;
John S. Greenspan, oral biology, pathology, stomatology & Oral AIDS Center: Editors, "Oral Manifestations of HIV Infection" (Quintessence Publishing Co, Inc., Chicago, Berlin, London, Tokyo, Sao Paulo, Moscow, Prague & Warsaw, 1995).

In Memoriam

Sanford Leeds: Former chief of surgery and director of experimental surgery at UCSF/Mount Zion, Leeds collaborated on the first catheterization of the heart on the West Coast, and helped construct one of the first mechanical heart-lung devices and defibrillators. While on a National Research Council Fellowship at Vanderbilt University in Nashville, Tennessee, he assisted in developing an innovative cardiovascular surgical procedure to treat "blue babies" — insufficient oxygenation of the blood in infants caused by cardiovascular problems. Leeds, who received his MD from UCSF in 1936, retired in the late 1970s. He was 85. Memorial contributions may be made to the Medical Staff Library Fund, Mount Zion Health Systems, 3330 Geary Blvd., San Francisco, CA, 94118.

Angelo May: An attending physician at UCSF/Mount Zion until 1984, he did pioneering work in the early 1950s by performing direct coronary operations on cardiac patients. He was a past president of both the American and International Colleges of Angiology and editor-in-chief of Vascular Surgery. A frequent contributor to national and international medical journals, May served as a regent of the National Library of Medicine from 1971 until 1975. He was 82.

Laurel Heights *(from page 1)*

products into more usable forms, and a magnetic resonance imaging (MRI) laboratory that analyzes biochemical functions in cells.

"The most significant difference between the revised plan and the previous plan is the amount of space proposed for laboratories. The University re-evaluated the plan based on changing campus needs, difficulty in obtaining sufficient state funds, and building code changes," says Bruce W. Spaulding, vice chancellor for University Advancement and Planning.

Space within the building and its annex will be divided between two basic categories: offices and building support (93 percent) and laboratories (7 percent).

"Anchor" programs to move in

The revised plan includes several "anchor" programs. Social and behavioral science programs, including the Institute for Health and Aging, the Institute for Health Policy Studies, and the Graduate Program in Health Psychology, would occupy about 102,000 square feet of space, or 41 percent of the total. These programs' research generally involves conducting surveys, observing study participants, and managing and analyzing data in an office setting.

Campus administrative offices are expected to provide the second anchor, occupying about 82,000 square feet of space or 33 percent of the total. Administrative offices already located in the building make up 36,000 square feet of space and include the offices of University Advancement and Planning, Public Affairs, Medical Center Design and Construction, and Labor Relations.

The third anchor would be biomedical research laboratories in the same amount as currently exists, about 7 percent of the total.

Approximately 17,000 square feet of the space in the facility has not yet been assigned but would be used for office-based instruction and research, administration or building support.

Programs scheduled to move into the building over the five-year occupancy plan include: the Institute for Health and Aging and the Institute for Health Policy Studies, the Office of Research Affairs and the Intellectual Property Office, Human Resources, University Development, a child care center and dining facilities.

The child care facility is intended to serve UCSF employees and a limited number of neighborhood families.

Lawsuits against UCSF

The group of homeowners that opposed the initial Laurel Heights plan eventually filed three suits against UCSF.

All of the homeowners' claims were rejected in Superior Court and two of the suits were rejected by the California Court of Appeal. The third case, involving the adequacy of the 1990 EIR, recently returned to the Court of Appeal after the California Supreme Court ruled that UCSF was not required to recirculate the final EIR for additional public comment. The question of the validity of the 1990 EIR is now back before the Court of Appeal, which has not proceeded with the case pending completion of UCSF's revised plan for the building.

Affirmative Action *(from page 1)*

respond to where the demand is greatest?"

As California approaches a non-white majority, a diverse university translates into an increase of services for that population, according to Carmona. "If we deny increased access, we put this public university in the position of not taking the appropriate steps to involve all of its constituents," he said.

If UC accepted students based solely on test scores, Asian Americans would make up the largest portion at 60 percent, followed by whites at 39 percent and African Americans, Latinos and others making up the remaining 1 percent, according to Carmona.

"We have to find solutions that get us away from race," Connerly said. "We have this great preoccupation with race and somehow we have to diffuse that in society." He urged people not to forget that despite their differences, a fair and equitable society is wanted and needed. "I believe, I want, I am committed to an inclusive society as much as anybody, I think, on the planet," said Connerly.

The second part of the symposium featured Representative Bernie Richter (R-Chico), author of the proposed state constitutional amendment that would end race- and gender-biased preferences in many instances, and former Supreme Court Justice Cruz Reynoso.

According to the Sacramento Bee, Richter argued that "the obsession with group identity is inherently destructive," and that the whole purpose of the civil rights movement was to do away with racial preferences. Reynoso said Richter's amendment would "wipe away some of the most effective methods we have of bringing minorities into the mainstream."

On "excellence and diversity"

Addressing the Board of Regents at a March 16 meeting, UC President Jack W. Peltason reiterated his view that both excellence and diversity within the University are essential goals, and that UC has a special obligation to serve all Californians. "...Our equal opportunity, affirmative action, and diversity programs have been indispensable, both to our educational mission and to our ability to achieve a diversified community of learning," Peltason said in introducing the first of a series of reports about diversity and affirmative action. "The nation has benefited tremendously from the talents of hundreds of thousands of men and women who would never have become physicians or architects or legislators had we limited our national aspirations to the familiar clients of higher education," said Peltason.

Samantha Peterson is a staff writer for the UC Davis student newspaper, The California Aggie. Allen Balderson contributed to this report.

Medal *(from page 1)*

what I was getting into, he said, 'David, you were such a promising student — where did you go wrong?' But it's the image of collective greed that harms the image of medicine."

Since its inception, the clinic has grown. With hundreds of staff and volunteers, it now serves over 50,000 clients every year. At the same time, Smith has become one of the nation's foremost experts in the areas of treating addictive disease, the psychopharmacology of addictive drugs, and new research strategies in the management of drug abuse. Physicians around the world are using treatment protocols developed by Smith for a variety of stimulants, sedatives, hypnotics and other drugs.

"But it's the image of collective greed that harms the image of medicine."

— David E. Smith

His most recent programs include treatment and support for addicted physicians and nurses, and devising a network of cocaine recovery support groups.

Considered the "grandfather" of the American Society of Addiction Medicine, a subspecialty of the American Medical Association, Smith is research director of MPI Treatment Services, Summit Medical Center in Oakland, and a UCSF associate clinical professor of occupational health and clinical toxicology.

Smith, who has spent most of his adult life giving back to the community, still believes that health care is a right not a privilege.

♦ George W. Thorn first met Howard Hughes in 1954, forming an alliance that continues to benefit humankind today.

With the combination of Hughes' assets and Thorn's dedication to medicine, they helped form the Howard Hughes Medical Institute (HHMI), the largest private funder of biomedical research in the world. Thanks to the HHMI, hundreds of scientists, including 13 presently at UCSF, have been given the chance to continue their work at a time when government funding for such projects has diminished.

Known for his remarkable foresight, Thorn is credited with increasing the HHMI's visibility to make it one of the most respected programs in the scientific community. For 22 years, he directed the medical research of the HHMI with its laboratories located at 12 major medical centers throughout the US. President of the Institute from 1981-84 and chair of the board of trustees from 1984-90, Thorn now is chair emeritus of the trustees.

In an interview with the Boston Herald in 1991, Thorn recalled the earlier days at the HHMI, which he said were difficult. Hughes, known for his bold ventures, also was intent on securing his privacy to the point of paranoid secrecy. "He operated so secretly. If you asked to see me in the 1950s, I couldn't have talked to you," says Thorn. "Here we had this great institute, but we couldn't talk about it."

"[Hughes] operated so secretly. If you asked to see me in the 1950s, I couldn't have talked to you."

— George W. Thorn

As early as 1930, this physician and educator was starting to make contributions to the medical field. His knowledge and skills varied, from his pioneering studies of salt and water metabolism, to the effect of high altitude on adrenal function; from the myopathy of thyroid disease, to his major contributions to the knowledge of diabetes mellitus. He was one of the first to use the synthetic hormone, desoxycorticosterone, to treat patients with Addison's disease.

In 1946, Thorn turned his attention to making an artificial kidney following a design by European scientist Dr. Kolff, which led to the development of an active dialysis program at Peter Bent Brigham Hospital in Boston, where he was then physician-in-chief. In the 1950s, he concentrated on cardiovascular disease, in particular developing better diagnoses and treatment for hypertension.

A full two-day celebration

Presentation of the UCSF Medal is just one of the many events on Wednesday and Thursday, April 19 and 20, to celebrate UCSF's Founders Day. For the first time ever, the Founders Day Banquet also will include presentation of the Distinction in Teaching Award.

On Wednesday there will be a noon Awards Luncheon followed by the Faculty Research Lecture at 2 p.m. in Cole Hall featuring neurobiologists Yuh Nung Jan and Lily Yeh Jan. Yuh Nung Jan will discuss "Principles of Limited Sloppiness, Broken Symmetry, and Neural Development," followed by Lily Jan on "Potassium Channels of Fly and Man."

Dedication of the new Educational Center will follow the Jans' presentations.

See the next issue of Newsbreak for a detailed story on faculty members to receive the Distinction in Teaching Award and staff employees to be honored at the April 19 Awards Luncheon.

UCSF Newsbreak

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Deadline for the next issue, which will cover April 8-21, will be on **Tuesday, March 28, at 11 a.m.** Please send campus news copy to Allen Balderson (476-3163), Medical Center news to Lisa Cisneros (476-3256), and calendar and gazette items to Michele Firpo (476-3257), all at Box 0462; fax 476-3541. Last-minute copy may be taken over the telephone by calling the above telephone numbers. The University of California is an affirmative action/equal opportunity employer. UCSF fully ascribes to the Americans with Disabilities Act. If at any time, you feel you have a need to view this communication in an alternate format, please contact Allen Balderson at 476-3163 with your suggestions.

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Drop in patient numbers forces all four schools to brace for change

By ANDY EVANGELISTA

Changes in the health care market place are not just affecting the School of Medicine (see special insert). Other health professions also are sharing medicine's dilemma. Like their medical colleagues, nurses, clinical pharmacists and other key caregivers in hospitals are finding their jobs and roles in jeopardy as patient numbers plummet.

With the health care field changing — shifting from hospital-based to primary and community care — UCSF schools are being forced to retool their curricula to prepare their students to become active players, instead of stuck on the sidelines.

The School of Nursing has been ahead of the game. In the last several years, for example, it has turned out some 100 master's qualified primary care nurse practitioners annually, the most of any program in the country. "There is now a greater demand on the school and for our graduates, but the shift has not caught us by surprise," says Dean Jane Norbeck.

Nurse practitioners (NP), indeed, are in good position in the new health care arena because of their ability to communicate prevention strategies and deliver primary care more cheaply than doctors. Although physicians and NPs may end up competing for the increased number of patients showing up in clinics, there should be enough to go around, says Norbeck.

One challenge, however, will be securing adequate training grounds for NPs. With the increasing pressure to treat more patients in less time, some providers may find teaching too time consuming — the same problem facing medical education. But the nursing school is finding and creating its own opportunities. A year-and-a-half ago it acquired a Mission District pediatrics practice, which now is managed by nursing faculty. The clinic each month sees nearly 500 children, mostly Medi-Cal patients, for everything from well child care to ear infections and asthma, and offers a primary care training site for family and pediatric NPs.

Last month, the School received a five-year, $550,000 grant from Kaiser Permanente to increase the number of master's level family and women's health NPs.

Nursing already has prepared some of its hospital specialists, too, for the health care transition — evidence that its seeming upper hand in the new health care structure is due more to foresight than luck. Five years ago, the school began to revamp its master's curriculum after recognizing the symptoms of an ailing health delivery system. Until then, it had two distinct programs: the clinical nurse specialist program, which focused on very sick hospital patients, and the nurse practitioner program, which concentrated on preventive care and persons with chronic conditions in the clinic.

The two new master's programs train a new type of advanced practice nurse who can manage and educate the patient in or out of the hospital. "They offer both types of nurses dual skills, combining wellness care and critical care," says Pat Jackson, associate director of the Advanced Practice Pediatrics Nursing Program, which is aimed at caring for the growing number of children with special needs who receive care both in tertiary centers and in the community.

Nursing's sights have not turned totally to outpatients. Kathleen Puntillo, assistant professor of physiological nursing, has been spearheading the development of an acute care NP pilot program. "It will prepare master's in nursing students to incorporate performance of complex procedures, such as arterial line placement and ventilator management, into their advanced practice," she says. These NPs also would be authorized, under certain conditions, to prescribe medications and order lab tests.

There are already 14 acute care NP programs in the country, almost all in the East, and in some centers, NPs are replacing a diminishing number of residents or those pressed to other critical duties, she says.

Pharmacy school — a victim of its own success

Another major education change will come in the School of Pharmacy, whose teaching programs are closely linked to the Medical Center. The School long has been recognized as the premier pharmacy program in the nation, and, ironically, it is now a victim of its own success. Leaders in the School 25 years ago boldly redefined the profession, training a new breed of "clinical pharmacist." It moved the pharmacist from behind the scenes to frontline patient care — alongside physicians and nurses — as a consultant on drug selection and usage. Today, the fourth year of UCSF pharmacy education is devoted almost entirely to inpatient care. For many years the model UCSF doctor of pharmacy was someone who worked in hospitals. Indeed, some 70 percent of pharmacists or clinic directors of pharmacy in the state are UCSF graduates.

"The survivors in the [pharmacy] profession will be those who can be nimble and take risks."

— Mary Anne Koda-Kimble, Division of Clinical Pharmacy

But with fewer hospital patients, students are losing their "laboratory" and their teachers. With drops in patient census and cutbacks, some centers cannot afford to keep inpatient pharmacists. At UCSF, the Medical Center's pharmaceutical services, which is run by the Division of Clinical Pharmacy, faces a 25 percent budget cut over the next 18 months. Last fall, leaders in the division, whose 15 faculty FTEs are responsible for more than half of the total coursework for the School's four-year curriculum, held a retreat to come up with strategies that would include shifting the curriculum and the pharmacist's role from drug dispensing and inpatient consultation to community and primary pharmaceutical care.

"Our students have always been well-prepared — scientifically sound and clinically sound," says Mary Anne Koda-Kimble, chair of the Division of Clinical Pharmacy. "Now we will have to offer more courses in health policy, reimbursement and others that will prepare students to problem solve — not just in therapeutics — but also in today's health care environment."

Creating that double threat will mean reshaping the curriculum. Traditionally, the first two years of education are spent in the classroom and laboratories. The School now plans to introduce students to community care as early as the first year, when interaction with patients can set the tone for the pharmacist's new role in primary care. With limited jobs in the hospital and even in clinic and community pharmacies, pharmacists will have to help patients on complex drug regimens adjust to the outpatient setting. They will have to look to home therapy programs and nursing homes where they can be valuable consultants. And they will have to be able to document their ability to improve health and reduce costs. "The survivors in the profession will be those who can be nimble and take risks," says Koda-Kimble. "We want to give them tools to explore many options and be agents of change."

Those options might include teaming with physician groups, helping the health care industry look at how drugs are prescribed, and advising how to drive costs down. "Most important, we want them to remain strong patient advocates," she says.

Patients' needs come before the students'

Rory Hume, chairman of the Departments of Restorative Dentistry and Dental Public Health and Hygiene, empathizes with his colleagues in the other schools. Dental education began a similar evolution a decade ago after professional and national studies examined the country's dental needs. One of the results was a 15 percent slash in dental school enrollments across the US. Another was a detailed review of how dental schools trained their students.

The School of Dentistry, despite its reputation as a leader in dental education, made drastic changes in its curriculum, and its current third-year students will be the first products of a program geared to comprehensive care. Previously, students worked within a clinical quota system — a certain number of crowns, bridges and root canals were required for graduation. In too many cases, however, patients were viewed as opportunities for procedures, rather than individuals whose problems could be prevented and cured, says Hume. Three years ago, the school decided to replace the "procedure-oriented" curriculum with a patient-centered one. The quotas are out, and the message is clear: Patients' needs come before the students'. Now dental students are introduced to the clinic in the first year, and by their fourth year they should be able to manage patients and all their needs. All will spend part of their final year at the UCSF Family Dental Center at SFGH, a model for primary dental care.

From a business point of view, changing the curriculum was necessary — keeping the customer or patient happy makes good sense. From a health care standpoint, says Hume, "It was simply the right thing to do."

New MCB child care center to open

Due to a continuing deficit, the YWCA Child Development Center at the Mission Center Building is starting to phase out its programs and will close its doors on Thursday, August 31. UC has made a commitment to continue child care at MCB as a UCSF-sponsored function.

According to a YWCA letter, dated March 15, sent to all center parents, the center will offer services through the summer so that preschoolers will have the chance to complete their program.

UCSF now has a five-member committee working on new plans to reopen the center, which presently serves 50 children, approximately half of whom are children of UCSF employees.

It is unclear at this point exactly when the center will reopen as a UCSF entity, but there definitely will be a break in service, says Byron Sigal, a member of the committee and director of the Lucia Child Care Study Center. Renovations will need to be made, but due to budgetary constraints, they probably will be limited to what is essential, making sure that all licensing requirements are met.

"In developing a center in this space, we want to create a high-quality, nurturing and developmentally appropriate program at MCB, one that will focus on the children of UCSF faculty, staff and students," says Sigal. He adds that UCSF still plans on serving a mix of community children at the center.

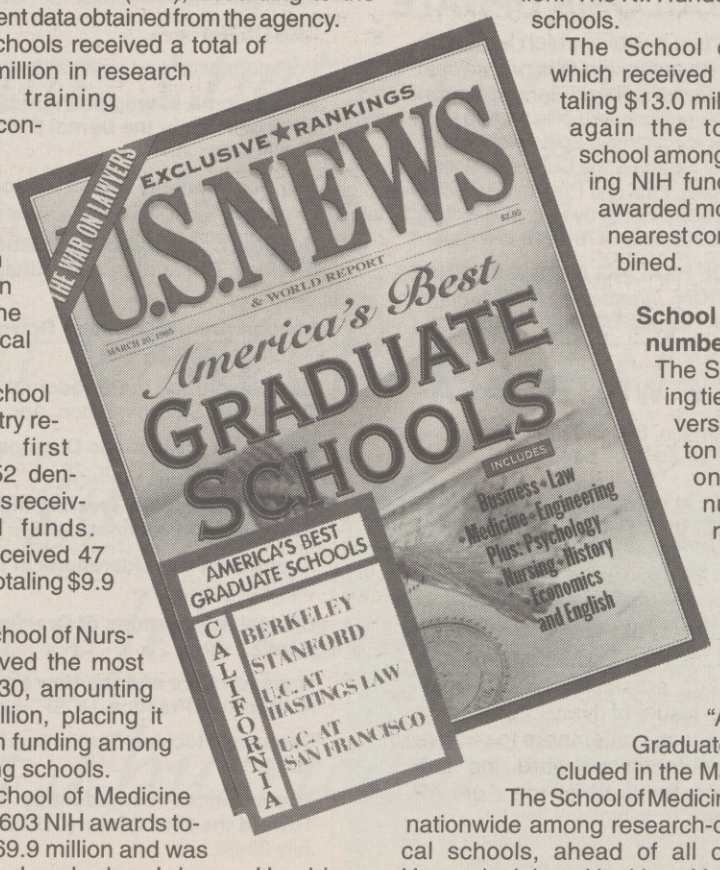
UCSF's Child & Elder Care Referral Service will help families find alternate child care during this transition period. Parents should call 476-2692.

UCSF leads in NIH grants; at top in U.S. News and World Report

By JEFFREY NORRIS and REBECCA HIGBEE

All four UCSF schools ranked first or second during the 1994 fiscal year competition for federal research dollars from the National Institutes of Health (NIH), according to the most recent data obtained from the agency.

The schools received a total of $196.8 million in research grants, training grants, contracts and fellowships, $9 million more than during the 1993 fiscal year.



The School of Dentistry remained first among 52 dental schools receiving NIH funds. UCSF received 47 awards totaling $9.9 million.

The School of Nursing received the most awards, 30, amounting to $4 million, placing it second in funding among 79 nursing schools.

The School of Medicine received 603 NIH awards totaling $169.9 million and was surpassed only by Johns Hopkins, which was awarded 665 grants totaling $188 million. Yale's medical school received the third highest amount of funding, $146.6 million. The NIH funded 128 medical schools.

The School of Pharmacy, which received 60 awards totaling $13.0 million, was once again the top pharmacy school among the 57 receiving NIH funding, and was awarded more than its two nearest competitors combined.

School of Nursing is number one

The School of Nursing tied with the University of Washington for the number one ranking in nursing school reputation, according to U.S. News and World Report's annual survey on "America's Best Graduate Schools," included in the March 20 issue.

The School of Medicine ranked sixth nationwide among research-oriented medical schools, ahead of all others except Harvard, Johns Hopkins, Yale, Duke and Washington University.

This year, as a result of the increasing importance placed on training primary care physicians, U.S. News created a ranking for that category. UCSF ranked 14, tied with Philadelphia's Thomas Jefferson University, among schools that train primary care physicians.

UCSF and the University of Washington are the only schools that ranked among the top 14 in both categories.

Out of eight specialty care areas, UCSF ranked first in AIDS, third in internal medicine and drug and alcohol abuse, and fourth in pediatrics (tied with the University of Washington).

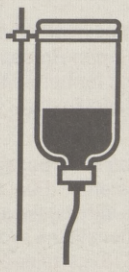
Science Watch also puts UCSF on top

Along with such familiar ratings as those published in U.S. News, the newsletter Science Watch, published by the Institute for Science Information in Philadelphia, has analyzed the publication record over the past 13 years for more than 100 universities and government agencies in the field of health care research, ranging from fundamental research projects to studies on how best to supply managed care. The results show which US institutions will perform best in scientific research.

According to Science Watch, which examined nearly 90,000 papers from some 100 journals, among the big producers, the Centers for Disease Control and Prevention had the highest citations-per-paper impact, followed by UCSF and UCLA.

Inside UCSF

How much blood was donated last year?



14,797 usable units

were collected from 7,094 donors of whom 856 made plateletpheresis donations at the UCSF Blood Donor Center.

Source: 1993/94 Annual Report, UCSF Medical Center

(See story about spring blood drive on page 8.)

Today/Tomorrow

27 Monday

PHIL LEE SPEAKS AT ESSELSTYN CELEBRATION

The School of Medicine and Dean Haile T. Debas invite the campus to celebrate the founding of the Caldwell B. Esselstyn Endowed Chair in Health Policy at the UCSF Institute for Health Policy Studies (IHPS). See below for partial list of speakers, including former UCSF Chancellor and IHPS director and current Assistant Secretary for Health Philip R. Lee. N 225. 3 p.m.

- *A Short History of the Institute for Health Policy Studies.* Lewis H. Butler, California Tomorrow.
- *Reinventing Public Health.* Philip R. Lee, Health & Human Services.
- *Research and Policy Applications.* Claire D. Brindis, Cntr. Reproductive Health Policy Research.

28 Tuesday

NEW EMPLOYEE ORIENTATION: S 214. 8:30-10:30 a.m. Call Lenard Florendo at 476-1073 to schedule.

UCSF/MOUNT ZION COMMUNITY MEETING: Regular community meeting to discuss any issues of concern, including construction plans, related to the UCSF/Mount Zion campus. Exec. Board Rm., 2nd fl., UCSF/MZ. 7 p.m. Call 476-3206.*

29 Wednesday

WEIGHT CONTROL AND HEART DISEASE

Learn how to get control of your weight and reduce the risk of heart disease at this health fair. Cafeteria, SFGH. 11 a.m.-2 p.m.

BROWN BAG LECTURE SERIES: *Traveling the Bay Area Backroads.* Jerry Graham, author and travel expert, talks about newly discovered byways and favorite hidden treasures of the Bay Area. Sponsored by Public Service Programs. HSW 300. Noon-1 p.m. Call 476-4394.*

GAUCHER DISEASE

Informational meeting for those interested in learning more about a genetic disorder called Gaucher ("go-shay") caused by low levels of a certain body enzyme occuring in people of Jewish descent. Co-sponsored by UCSF Gaucher Disease Referral Cntr. & Natl. Gaucher Foundation. Millberry Conf. Ctnr. 6:30 p.m. Call (800) 901-9997 for more information.*

WOMEN'S HISTORY MONTH EVENTS CONTINUE

The theme for UCSF's 1995 celebration of Women's History Month is "Women Overcoming: Then, Now and Beyond." Events co-sponsored by Women's Resource Center and Women's Events Committee and those listed below. Call 476-5222 for information.*

Wed., Mar. 29: *Surviving Violence.* Panel discussion features women survivors of domestic or sexual violence, incest, child abuse or hate crimes. Held in conjunction with the *Clothesline Project* display. Cole Hall. Noon-1 p.m.

Coping with Eating Disorders. Adriana Felder, Psychr. Consultation-Liaison Prog. Co-sponsored by Women's Health Access. Toland Hall. 6-7 p.m.

Thurs., Mar. 30: *Chancellor's Award for the Advancement of Women Presentation.* Featuring author and former editor of Mother Jones magazine Diane English. Toland Hall. Noon.

"for colored girls who have considered suicide when the rainbow is enuf." Play by Ntozake Shange is a voyage into the lives of black women. Proceeds benefit the Women's Resource Center. $18. Lorraine Hansberry Theater, 500 Sutter. 8 p.m. Call 476-5222 for tickets.

Fri., Mar. 31: "All About Eve." Wear your '50s finery and watch Bette Davis battle Anne Baxter. Tickets: $.67 for women, $1 for men. Prices reflect the fact that women still only earn 67 cents for every dollar a man earns. Co-sponsored by Millberry Arts & Performances. Cole Hall. 6:30 p.m.

*Open to the public.

30 Thursday

TAY-SACHS SCREENING: Tay-Sachs screening for pregnant couples. Sponsored by the Reproductive Genetics Clinic and part of the California Tay-Sachs Disease Prevention Program. Suite 810, 350 Parnassus. Opens 9 a.m. Call 476-4080 for an appointment and information.*

31 Friday

INSTITUTE OF HEALING ARTS & SCIENCES PRESENTATION: *There Is Nothing Wrong with You: Going Beyond Self-Hate.* Cheri Huber, author, shows that there is nothing wrong with you and that you are perfect. N 721. Noon. Call 330-5353.*

1 Saturday

EMPACT! RAFFLE BEGINS

Grand prize: Power Mac 6100 with monitor. Call 476-2675 for information. (See item in Fun Zone on page 6.)*

RAPE PREVENTION EDUCATION WORKSHOP: *Self-Defense for Women.* Nina Haft, self-defense teacher and rape crisis counselor, directs this class focusing on street-wise personal safety, defense and escape methods, and how to immobilize an attacker of any size. $65. Studio 2, Millberry Fitness Cntr. 10:30 a.m.-5:30 p.m. Call 476-5222.*

LOW VISION FORUM: Daniel Schwartz, Oph., discusses the latest research in diseases of the retina. Forums are held on the first Saturday of each month. Main foyer, ACC. 11 a.m.-1 p.m. Call Frances Neer at 626-5313 for information.*

FAMILY HOUSE FUNDRAISER

"Follow the Yellow Brick Road" is the theme of this year's fundraiser for Family House, a home that provides temporary housing for families of children with life-threatening diseases. Event includes cocktails, dinner, an auction and dancing. Nikko Hotel, Mason & O'Farrell. 6 p.m. Call 675-9785 for more information. (See Upcoming Events on page 5 for details.)*

3 Monday

MILLBERRY REGISTRATION

Register for one of the more than 100 Spring classes at Millberry, including exercise, nutrition, dance classes and more. Also register your children ages 6 to 13 for Summer Day Camp and children ages 9 to 14 for Summer Theater Day Camp. UCSF students and Millberry members may begin registering on Mon., Apr. 3, while UCSF employees and the general public may begin on Tues., Apr. 4. Millberry Fitness Ctnr. 7 a.m.-7 p.m. Call 476-1115 or 476-0350 for more information and a class schedule. Call 476-0417 for Summer Day Camp information.*

5 Wednesday

CELEBRATING THE WOMEN OF UCSF

UCSF Faculty Wives and Associates host UC Berkeley, Davis and Santa Cruz Women's Associates with speakers from UCSF, lunch and tours. 9 a.m.-2:30 p.m. Campus community invited, but space limited. Call 388-4649.

BROWN BAG LECTURE SERIES: *Nutrition to Grow Old By.* Thomas P. Bersot, Med. & Gladstone Inst. Cardiovasc. Disease, explains what's fact and fiction in terms of nutrition for cardiovascular health. Sponsored by Public Service Programs. HSW 300. Noon. Call 476-4394.*

NEWSBREAK/MEDSOUNDS DEADLINE DATES

Please submit items **that are of campuswide appeal only.** Be sure to include complete information about the event, including topic, location, time, cost (if any), speaker's name and affiliation. Please include a contact phone number. (See "The Next Deadline" below for our phone/fax numbers.)

NO.	DEADLINE DATE	FOR PERIOD COVERING
Volume 10 #7	**Mar. 28**	Apr. 8-21
V10 #8	**Apr. 11**	Apr. 22-May 5
V10 #9	**Apr. 25**	May 6-19
V10 #10	**May 9**	May 20-June 2
V10 #11	**Mon., May 22**	June 3-23 (3 weeks)
V10 #12	**June 13**	June 24-July 21 (4 weeks)
V10 #13	**July 11**	July 22-Aug. 18 (4 weeks)
V10 #14	**Aug. 8**	Aug. 19-Sept. 8 (3 weeks)
V10 #15	**Mon., Aug. 28**	Sept. 9-22
V10 #16	**Sept. 12**	Sept. 23-Oct. 6
V10 #17	**Sept. 26**	Oct. 7-20
V10 #18	**Oct. 10**	Oct. 21-Nov.3
V10 #19	**Oct. 24**	Nov. 4-17
V10 #20	**Nov. 7**	Nov. 18-Dec. 15 (4 weeks)
V10 #21	**Dec. 5**	Dec. 16, 1995-Jan. 12, 1996 (4 weeks)
Volume 11 #1	**Jan. 2, 1996**	Jan. 13-26, 1996
V11 #2	**Jan. 16, 1996**	Jan. 27-Feb. 9, 1996

THE DISEASE BURDEN

Social & Behavioral Contributions to Disease Burden and Its Alleviation. Robert Lawrence, Health Sci., Rockefeller Foundation. Sponsored by Human Development & Aging Prog., Cntr. for Social & Behav. Sciences. Toland Hall. 3-4:30 p.m. Followed by reception.*

6 Thursday

VOICE SERVICES FAIR

Talk to vendors of voice services, see demonstrations, get some freebies and possibly win a raffle prize at this fair sponsored by Information Technology Services. Millberry Conf. Cntr. 8 a.m.-5 p.m. Call 502-2222 for more information.

WOMEN'S RESOURCE CENTER PRESENTATION: *Whites, Blacks and Watermelon: An Examination of American Symbol.* Author Patricia Turner, African-American Studies, UC Davis. Noon-1 p.m. Call 476-5222.*

LIGHTEN UP: Learn about the Lighten Up! weight management program at one of these free informational sessions: 12:15-12:45 p.m. or 5:15-5:45 p.m. Call 476-0350 for more information.*

7 Friday

TUBERCULOSIS UPDATE

Tuberculosis Then & Now: Current Debates in Medicine and the Lessons of History. Two-day conference designed for health care professionals, epidemiologists, public health officials and the general public explores four themes: Epidemiologies of TB, Past & Present; Stigma & the Culture of Illness; TB Control Strategies, Past and Present; Reflections & Current Issues. Sponsored by Hist. of Health Sci. Cole Hall. Call 476-5808 or fax 476-0318 to register.*

INSTITUTE OF HEALING ARTS & SCIENCES PRESENTATION: *Introduction to Naturopathic Medicine.* Carl Hangee-Bauer. N 721. Noon. Call 330-5353.*

BLACK & WHITE GALA

Gift Center Pavilion, 888 Brannan. 9 p.m.-1 a.m. (See item in Fun Zone on page 6.)

THE NEXT DEADLINE

Tues., Mar. 28, 1995 is the deadline for items to be listed in the next calendar, which covers **Apr. 8-21, 1995** (two weeks)**.** Complete information must be received in our office in writing by 11 a.m. on that Tuesday. Mail your copy to Michele Firpo at Box 0462, send a fax to 476-3541, bring it to UCSF/Laurel Heights, 3333 California St., Suite 103 or call 476-3257. To submit articles for Newsbreak, fax information to Allen J. Balderson at 476-3541 or call 476-3163. To submit articles for Medsounds or page 6, fax information to Lisa Cisneros at 476-3541 or call 476-3256.

CONTINUING EDUCATION

MEDICINE

For program information call 476-4251. To register call 476-5808 unless otherwise noted.

Annual Review in Family Medicine: Controversies and Challenges in Primary Care. Hotel Nikko, SF. Mar. 29-31.

Eleventh Annual Advances in Emergency Medicine. Ritz-Carlton, SF. Apr. 5-8.

Eighth Annual Primary Care Medicine: Update 1995. Inter-Continental Resort, Maui, Hawaii. Apr. 16-21.

Sixteenth Annual Advances in Infectious Diseases. Fairmont Hotel, SF. Apr. 26-28.

Twenty-second Annual Advances in Internal Medicine. Ritz-Carlton, SF. May 22-26 & June 19-23.

Family Practice Board Review Course. Hotel Nikko, SF. July 10-13.

Critical Care Cardiology. Ritz-Carlton, SF. Aug. 10-12.

Essentials of Primary Care: A Core Curriculum for Practice in the 1990s. Squaw Creek, North Lake Tahoe. Aug. 20-25.

Clinical Care of the AIDS Patient: Summer Symposium. Sun Valley, Idaho. Aug. 24-29.

Fourth Regional Symposium on the Design and Methods of Clinical Trials. San Francisco. Sept. 14-15.

Gastroenterology: Advances in Diagnosis and Management. ANA Hotel, SF. Sept. 29-Oct. 1.

DENTISTRY

For information and registration call 476-1101.

Prevention & Management of Medical Emergencies in the Dental Office. UCSF/Laurel Heights. Apr. 8.

The Periodontally Based Restorative Practice. Red Lion Hotel, San Jose. Apr. 8.

Surgical Complications in General Dentistry: Etiology, Prevention and Management. UCSF. Apr. 21.

Second Annual Dentistry Down Under. Sydney, Austrialia. Apr. 23-May 5.

New Revolution in Periodontal Treatment and Diagnosis. Stockton Hilton. Apr. 28.

Update on Endodontic Diagnosis & Emergency Treatment. UCSF. Apr. 29.

Team Approach to Treating the Dental Patient with Medical Problems. UCSF. May 6.

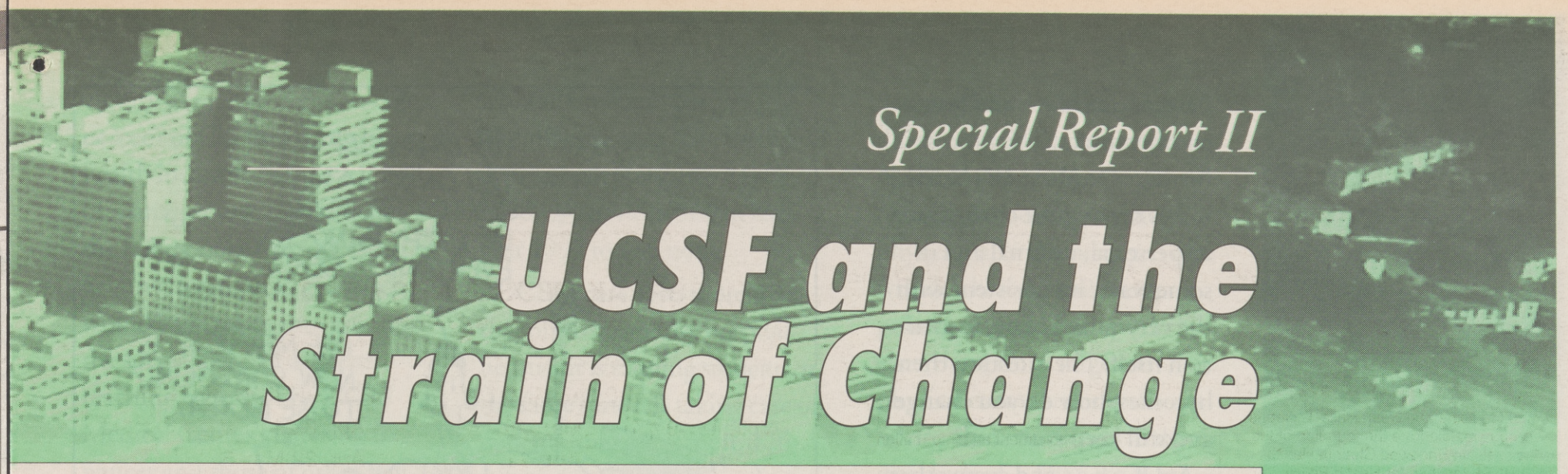
Anatomical Considerations in Local Anesthesia. UCSF. May 20.

Clinical Applications of Oral Pathology. UCSF. June 2.

Managed Care and the New Parameters for Restorative Practice. UCSF. June 3.

Canadian Rockies Dental Seminar. Banff, Alberta. July 6-11.

Endodontics/Prosthodontics: Working Together Toward the 21st Century. UCSF/Laurel Heights. July 28-29.



Special Report II

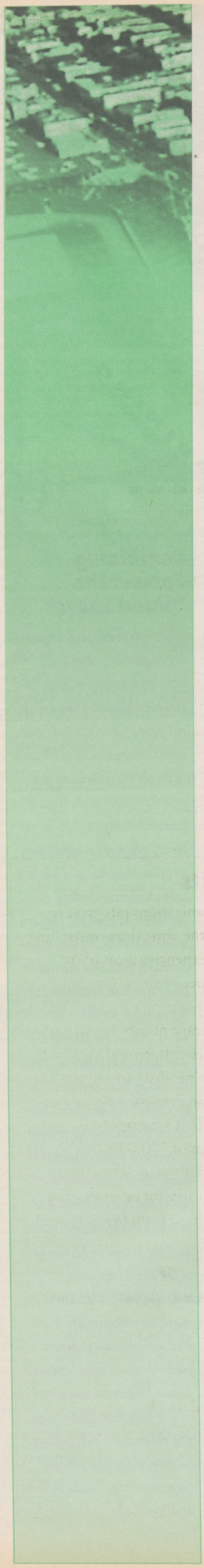
UCSF and the Strain of Change

In our first Special Report, "What UCSF Must Do to Survive – and Thrive," we examined the daunting facts and forces that are reshaping UCSF. In this second report, we now discuss some of the ways UCSF already has changed, the tremors these changes have caused, and what lies ahead.

That change can be painful is not news. That it can sometimes be liberating is not a revelation either. But what often catches institutions off-guard is that it can be uneven, not a fell swoop but a surgical strike; not a hurricane but a tornado that

Combining Forces: The "Road Show"

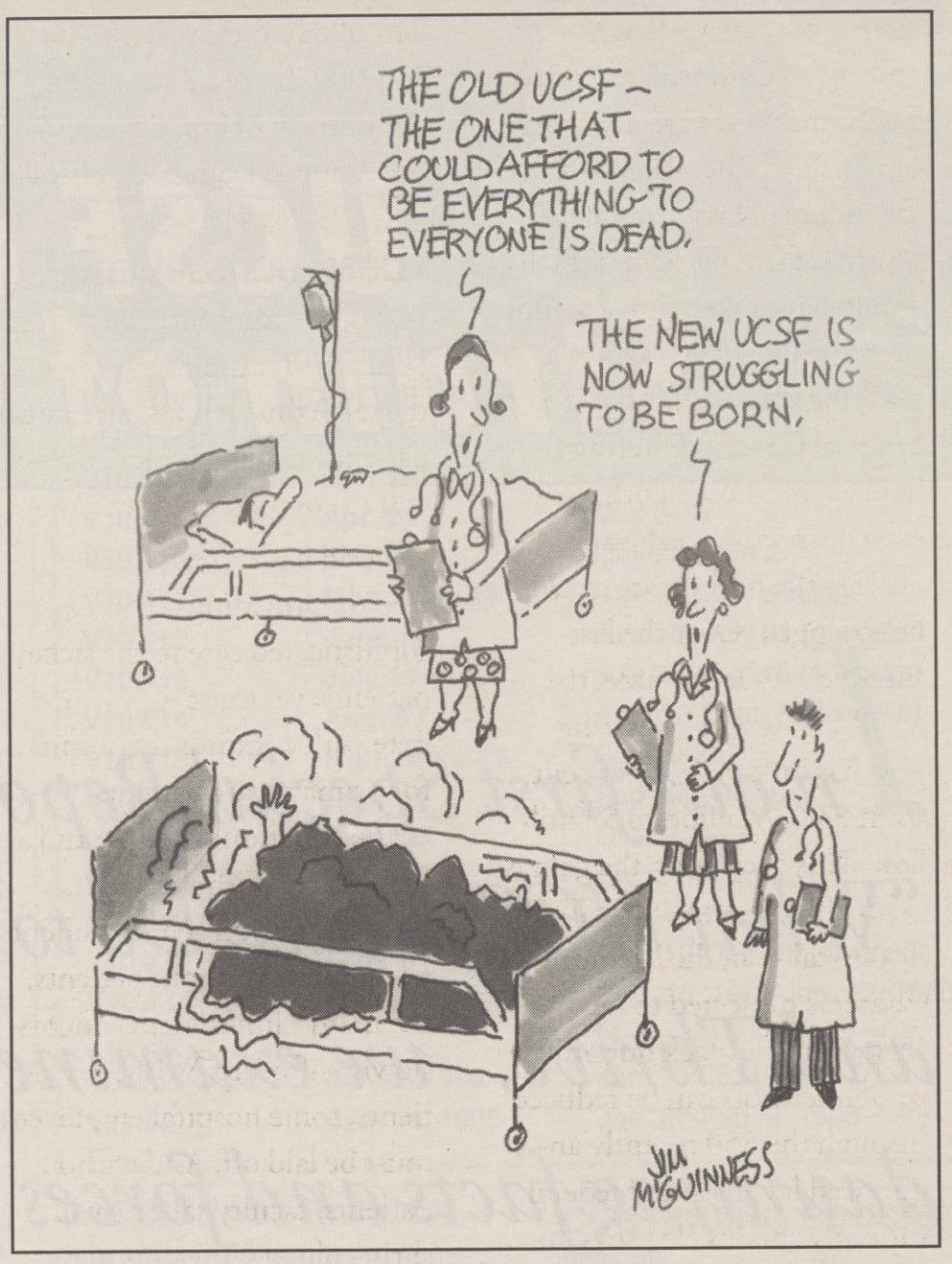
Although these special reports are important, they are, nonetheless, impersonal. And if the Education Subcommittee, part of the Clinical Strategies Committee, is to succeed in its charge to develop programs that plant the seeds of cultural change at UCSF, it must, wherever possible, personalize the process. That is why the subcommittee, in cooperation with the Department of Public Affairs, is preparing a slide and discussion show that can be tailored to the campus' various audiences. Presenters plan to outline the marketplace as it exists today, put the issues facing UCSF and other academic health science centers in context, explain what is being done (and what already has been achieved) to reorient the Medical Center and the School of Medicine to the new order, and, through frank discussion, spark an exchange of ideas that will encourage broad participation in the renewal process. If you are interested in learning more about these presentations, please contact Katherine Riordan in the Department of Public Affairs at 476-0729.



flattens one block and leaves another intact. The process is further complicated when the forces driving the change are impersonal, external and in some ways, inconsistent with the very values of the institution itself. The question then becomes, how do you change and still keep your soul?

At UCSF — and every other comparable institution — directors, managers, department chairs and administrators are struggling with the answers, looking for the right combination of initiative, innovation and downsizing that will keep the medical enterprise afloat without jeopardizing the quality of care or the excellence of teaching. At times, this search is more a clash of ideas than a meeting of the minds, more commotion than consensus. Listen closely enough and this commotion can be heard daily from Parnassus Heights to Fresno, and from Santa Rosa to Salinas as individuals and groups jockey for position in a new order that has yet to form. Listen even more intently and the buzz of opinion will bounce from one alternative to another. UCSF should concentrate on primary care; no, on tertiary care; no, on both. UCSF should be a bully in negotiations with payors, it has leverage; no, it should bite the bullet and try to be a niche player. Teaching should be protected; no, it needs to be pared down. We need more nurse practitioners; no, we need fewer. Specialists should give up the ghost and retrain as generalists; no, specialists already know much of what generalists know and don't need to retrain. And on and on.

The hope is, of course, that as these opinions and ideas compete, shift, and tangle, they will sometimes recombine like molecules on a drug designer's screen — and spark renewal. Yet whatever the eventual outcome — and no matter that this surplus of ideas demonstrates a certain intellectual vitality —the current commotion makes one point very clear: There are, and will continue to be, different degrees of risk and reward as UCSF's reengineering proceeds. Put simply, change makes new winners and new losers and everyone else nervous. Although it is too soon to tell, in the end those who — using the new management parlance — add "value" to the organization, are likely those who will be most secure. But what is value anyway? And how is it determined?


THE OLD UCSF — THE ONE THAT COULD AFFORD TO BE EVERYTHING TO EVERYONE IS DEAD.
THE NEW UCSF IS NOW STRUGGLING TO BE BORN.
JILL McGUINNESS

Seismic Shifts

This notion of value is an unsettling one to an academic health sciences center that has always valued human life by sparing no expense to save it. Now it is being asked to accept a definition of value that, by its former standards, is as crude and crass as that used by supermarket shoppers looking for the best buy on hamburger. "In the new world of managed care, competition defines value," Leonard Shafer, president of Blue Cross, told the UC Board of Regents in January. Driven by a health insurance industry that is seeking to buy the best care for the cheapest price as it corrals more and more patients, the marketplace for health care is in turmoil.

From a purist point of view, of course, the rule of the marketplace might seem a good thing. Competition instills discipline and raises productivity. It also can spark innovation. But for institutions like UCSF, a value-pricing mentality can be destructive, not because UCSF cannot compete, but because in this new world order, UCSF's strengths — teaching and specialty care among others — suddenly and, most would say, unfairly, become liabilities. When such shifts take place in the business world, companies merge, sell divisions, lay off thousands or simply disappear. If your business happens to be saving and improving lives, finding new medical treatments and teaching future generations of health care providers, you do not have that luxury. The marketplace may have changed, but the responsibilities to society, not to mention the public's expectations, have not.

Still, facts are facts, none perhaps more important than the

victory of managed care — 75 percent of Californians with health insurance are now part of managed care plans — and the failure of last year's federal health reform package, which would have taken into account the special costs of academic teaching centers. The UCSF Medical Center's faltering finances and those of other Bay Area hospitals reveal just how quickly the health care world has changed. Over the last three years, for example, the Medical Center's operating gain has dropped 71 per cent, from $31.3 million to $9 million. This fiscal year, the gain is expected to be smaller still. The next fiscal year, the Medical Center is projected to be slightly in the black but only if personnel costs can be reduced through the 550 recently announced layoffs and if federal support remains close to current levels — an increasingly iffy proposition.

In the first special report, we discussed the factors that have brought UCSF's Medical Center — and the campus itself — to its current crossroads. In summary:

• Insurance companies and health maintenance organizations are paying less and less for medical services provided to their patients in order to control their own costs and increase their profits.

• Those paying the medical bills also are trying to keep people well by emphasizing prevention, thereby delaying or preventing the kinds of illness which cost more to treat.

• The number of patients being referred to UCSF is declining. Between 1992 and 1994, for example, the number of neurosurgeries performed at UCSF dropped 33 percent, from 1,702 to 1,121.

• New medical technologies and techniques are continuing to simplify every operation from open-heart surgery to gall bladder removal, shortening hospital stays. In fact, the number of patient days has dropped from 210,000 in fiscal year 1992 to 158,000 this year. The average daily census of inpatients also has dropped from 560 in fiscal year 1992 to 416 now.

• UCSF's care costs more than that of a community hospital because it is training students at the same time it is taking care of patients, making it more difficult to compete on price alone.

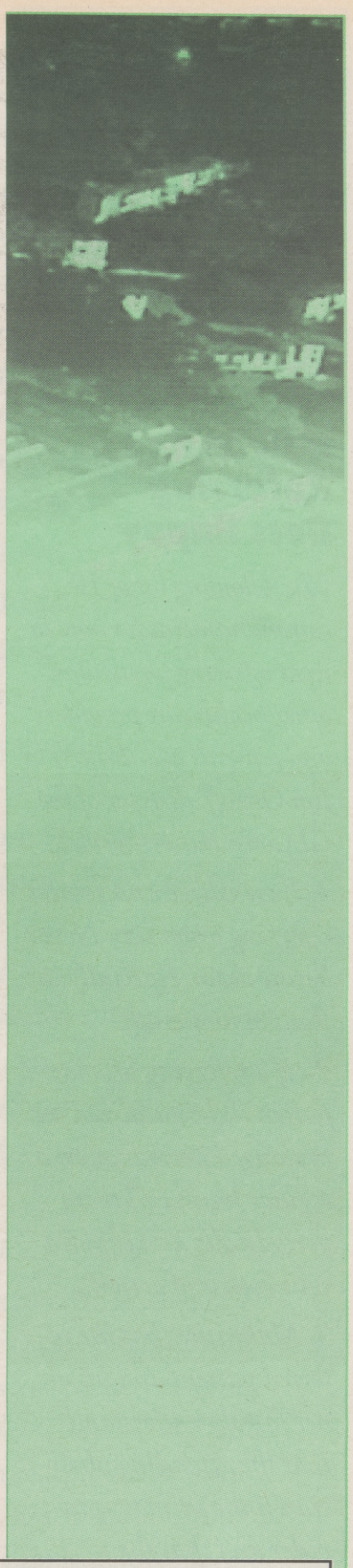
• UCSF has staked its reputation on providing complex and sophisticated care to the sickest patients, yet must now compete with community hospitals for primary care patients.

The equation is simple and a little scary. Without patients, UCSF cannot teach its students adequately. Without patients, the many clinical departments slowly suffocate. Without patients, some hospital employees must be laid off. And without patients, faculty salaries will shrink along with clinical revenue, resulting in the once unimaginable — faculty cuts.

Not everyone shares the alarm, assuming that like other reform movements at UCSF, this one, too, will blow over with little lasting consequence. But as Medical Center director Bill Kerr warns, this is not just a polite reshuffle. Instead, the whole health care deck is being tossed out and a new hand dealt. Kerr is hoping to hold on to his aces and draw well as the game progresses. "The wild cards in this whole process are indigent care and the cost of teaching. If the state doesn't help out, and I don't know who else can, we're in real trouble." Last year, for example, UCSF absorbed $58 million in unreimbursed Medicaid costs taking care of the poor. In the past, UCSF would have passed along the costs of this underpayment to other paying patients, the traditional fee-for-service variety, by charging higher prices for everything from X-rays to drugs. No more. "In a managed care system, there is no place to charge," says Kerr.

Teaching costs are harder to quantify. But there is no doubt that medical students and residents order more tests, slow down surgeries and other procedures and take longer with patients than more experienced physicians. In the managed care world, where 15-minute appointments and fixed prices for everything from surgery to physical exams are now the norm, teaching can get in the way. Indeed, a 1986 study revealed that training students in health maintenance organizations decreased the productivity of HMO physicians by two patient visits per day. Direct teaching time took another 47 minutes per half-day. Even factoring in the improved patient satisfaction and the labor provided by the students themselves, the bottom line cost to the HMO to train each of these students full-time averaged $17,000 per year.

Not surprisingly, teaching advocates worry that in the push to win managed care patients in the marketplace, student needs are being neglected. Yet in the ultimate Catch 22, without patients, and these would likely be managed care patients, there can be no clinical teaching at

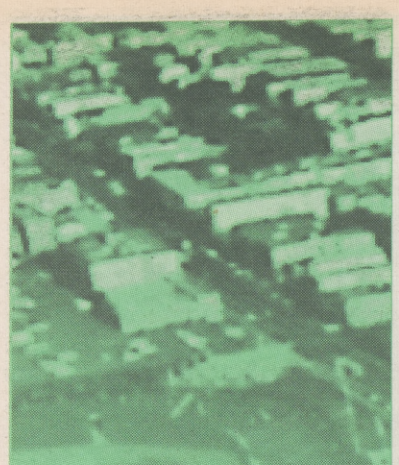


The Need for Specialists

Because health maintenance organizations put great emphasis on primary care, while at the same time controlling the flow of patients to the more expensive areas of specialty medicine, the number of specialists employed by HMOs usually is lower than the per capita supply. The following chart compares the average number of specialists, per 100,000 population, in 10 different HMOs with the national supply and with the "needed" and actual San Francisco supply. (The needed San Francisco figure was determined by multiplying the HMO average by 7, representing San Francisco's population of 700,000.) Although it is true that San Francisco-based physicians can draw upon a much larger metropolitan area for referrals, they also must face increasing competition from fellow specialists in these same areas.

	HMO average	x 7 =	SF Needed vs Actual*	US Supply
Cardiology	2.6		18.2 vs 143	4.9
Dermatology	2.4		16.8 vs 74	2.5
Hematology/ Oncology	1.8		12.6 vs 54	1.9
Neurosurgery	.6		4.2 vs 31	1.4
Urology	2.6		18.2 vs 47	3.1

*Source: San Francisco Medical Society



How to Keep Referring Docs Happy

The following list of 10 commandments for how to treat referring physicians, other health care providers and patients was written by Jim Ostroff, director of the GI Consultation Service.

1. Be sensitive and respect referring providers. Never berate them, especially in front of housestaff.

2. If a referring provider's patient is hospitalized for prolonged periods or on a regular basis, call them periodically and explain your course of action.

3. Make sure that the referred patient and his or her family understand that the attending physician is the primary provider and that the housestaff officer is an extension of that person, not a replacement. This requires that the attending physician be in regular enough contact with the patient to reinforce the connection.

4. Guide the housestaff officer to the most cost-effective choices and timely consults. Patients should not be subjected to needless tests.

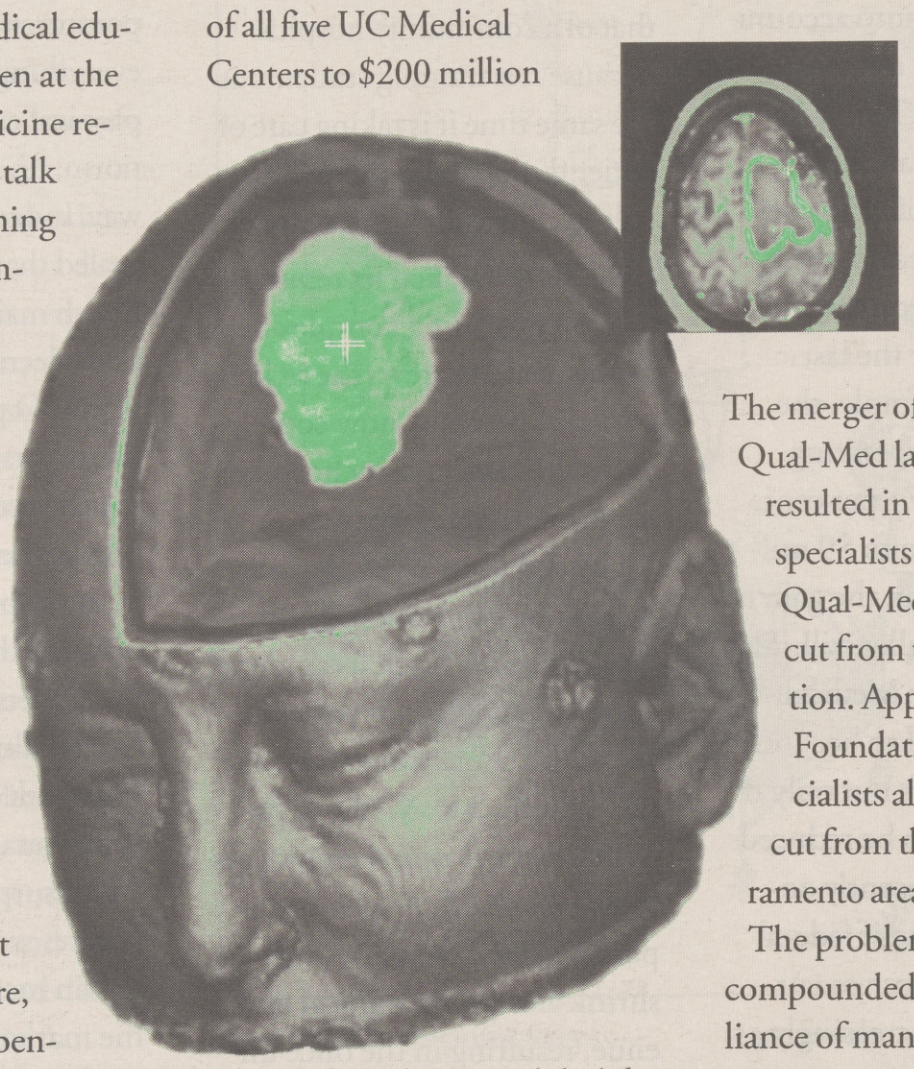
5. Take an active part in consultations with other services. Remember that housestaff officers are trainees and that they may not communicate or comprehend with the same degree of clarity.

6. Participate in all invasive procedures where possible.

all. And while UCSF now has approximately 20,000 "patient lives" in its primary care network, approximately 80,000 to 100,000 are needed to maintain the primary and secondary care programs for medical education. No wonder then at the recent School of Medicine retreat, there was much talk about increasing teaching partnerships with community and health plan physicians all over the Bay Area, as well as worry about declining patient numbers at San Francisco General Hospital, where much of the teaching now takes place.

Complicating matters further is the future of Medicare. At the moment, Medicare, the national medical benefits plan for those over 65 which uses tax dollars to reimburse health care providers at fixed rates, is still largely a fee-for-service plan in northern California. Given the new cost-cutting mood in Washington and the fact that the Medicare trust fund will be broke in 2001, Medicare will likely adopt a more comprehensive approach to managed care very soon. Such an approach will seek to restrict access to certain providers and curtail care in an attempt to lower costs. Medi-Cal, California's low-income health program, financed jointly with the federal government, is switching large numbers of its beneficiaries to managed care over the next two years. Revenue from both plans now accounts for 55 percent of UCSF's hospital funds.

Moreover, there is financial support, called the indirect medical education or IME payment, built into Medicare reimbursement for graduate teaching. IME payments to UCSF now total $30 million annually. When the changeover to managed care takes place, the extra sum will likely be distributed evenly to all hospitals, not just teaching hospitals. Should the teaching stipend be cut altogether, the results could balloon the combined operating deficits of all five UC Medical Centers to $200 million per year. There also is the potential problem of competition for Medicare and Medicaid patients between UCSF and SFGH, a development a special cooperation committee is racing to avoid in order to ensure that the close relationship between the two sites is not damaged.



3-D image of benign brain tumor–the kind of high tech aid that makes UCSF a specialist's haven

"As I've said before," says Kerr, "we can't simply manage our way out of this. We have to reconsider the whole enterprise. Nothing is sacred."

The Spillover

Such talk makes some people nervous, including the 800 or so full-time faculty who depend exclusively on patient care dollars and grants for their income. (The remaining 350 faculty members with tenure have a salary base guarantee ranging from $42,000 to $108,000, to which grants and clinical income are added.) Although few are panicking just yet, enough physician salaries around the Bay Area already have dropped — at least anecdotally by an average 25 percent — to put everyone else on edge. And the prospects for a rebound look slim when studies continue to show a drop of 70 percent in the number of specialists needed to take care of patients once those patients join managed care plans. The culling of specialists already has begun in northern California.

The merger of Health Net and Qual-Med last September has resulted in one-third of the specialists who formerly saw Qual-Med patients being cut from the new organization. Approximately 300 of Foundation Health's specialists also are going to be cut from the rolls in the Sacramento area.

The problem for UCSF is compounded by the sheer brilliance of many of its specialists, whose impatience with declining incomes, fixed overhead charges for everything from fellows to electricity, and shrinking significance in California's managed care world may offset San Francisco's — and UCSF's — many attractions. "I think UCSF could be facing a serious brain drain very soon, " says hematologist/oncologist Alan Venook. "Many of our best people have multiple out-of-state offers on their desks constantly. It's only a matter of time before some of them get so frustrated that they leave." Although some might question what that would solve — since managed care is a national phenomenon — Venook theorizes that by leaping ahead of the managed care wave, the most skilled practitioners could position themselves to take advantage of its impacts, an impossible option in California.

Complicating the situation further is the sticky issue of income redistribution. As it is now, for example, a surgeon collects the physician fee for operating on a cancer patient even though the patient was re-

ferred from another UCSF service. Some are arguing that a more proportional internal reimbursement formula should be considered. A similar argument is being made by the School of Nursing over the services its students provide in pediatric clinics, the income from which now goes exclusively to the School of Medicine.

For specialists at UCSF who are willing to hang tough, there is hope that UCSF will be able to market successfully those specialty services in which it clearly outshines the competition. Examples would include transplants of all types, fetal surgery, pediatric cardiac surgery and neurosurgery. Under the leadership of Nancy Ascher, chair of the Liver Transplant Service, and Charles Wilson, director of tertiary care, the tertiary care marketing committee now is identifying, packaging and marketing such services to a host of HMOs and medical groups from Sacramento to San Luis Obispo, with a good deal of success. In one recent example, UCSF announced agreement with Sutter Health, a health care system comprising 15 hospitals and five medical foundations, to become a major referral center for specialized medical and surgical services.

Still another approach is the proposed Preferred Oncology Network, which would link all five UC medical centers in a plan that would offer comprehensive inpatient, outpatient and home cancer care at a competitive price — a packaging strategy known as "disease management" in the managed care world. The key selling point would be patient access to the innovative treatments that UC can provide because of its research activities. The future of such sophisticated research in a world of managed care and shrinking federal support is uncertain, however, since it is unclear how it will continue to be financed.

There are other dangers as well. Even if UCSF were able to identify and market successfully a wide range of tertiary care services, the contractors — insurance companies and health maintenance organizations — would still control the prices paid for these services. For example, health plans, such as Health Net, that now pay UCSF and its medical group $100 per member per month, roughly divide it as follows: $45 to primary care and specialist doctors, $40 for institutional care (including hospital home care and skilled nursing), $10 for drugs and $5 for local administration. If, in an attempt to win more business from cost-conscious and savvy employers, pension funds and the like, health plans lower their price of health insurance, the capitated fees given to health providers such as UCSF go down. Indeed, one such insurer has already dropped its capitated fee from $100 to $85, a reaction similar to the California Public Employees Retirement System's (CALPERS) recent success in winning a 2 percent rollback from 22 health insurers — including 16 HMOs that do business in the state.

Since doctors and hospitals are in fact taking on the same kind of risk as an insurance company — hoping that the premiums it collects in the form of a capitated fee will be greater than the claims it pays — the lower the fee, the less the margin for error in diagnosis, treatment or in action of any kind. No one argues that more efficiency and tighter controls are bad and that some medical care is inappropriate and costly. But, as School of Medicine Dean Haile Debas reminds, because America's hospitals and physician groups are at the bottom of the money chain which begins with cost-conscious heavyweights such as CALPERS that purchase medical insurance, institutions such as UCSF are absorbing more and more of the economic risk as others at the top twist the chain to their advantage.

What seems clear is that UCSF cannot maintain its status as a "center of excellence" without help. As Debas has written, it will take millions of patient lives to support the current level of tertiary care services. The only way to reach that mass of people is to make cooperative agreements with other hospitals, HMOs and health care networks, while at the same time, trimming, consolidating or eliminating those services that cannot attract patients.

Our past behavior

The need to underline these commandments came in a November 1994 letter from Charles Wilson, director of tertiary care, to all 1,000 members of UCSF's Medical Group, excerpts of which follow.

"Our past behavior is just that — past. If we expect to compete successfully in this turbulent and unforgiving marketplace, we must change our behavior toward patients, referring physicians and payors. We've done a lot that was right, but let me list some of the things that we do or don't do that will kill us if we continue past patterns.

1. Long patient waits in the office to see physicians
2. Poor or no communication with the referring physician
3. Late or very late receipt of information regarding opinion, inpatient treatment, post-hospitalization follow-up, etc.
4. Ordering, or in some cases reordering, tests already done or not authorized (or both)
5. Carrying out a procedure that was not authorized or failing to obtain concurrence of the referring physician when an alternative procedure is selected
6. Referring a patient within the UCSF system either without authorization or for something within the capability of the referring physician and medical group
7. Direct or indirect criticism of previous care
8. Recommending a procedure that may not be covered by the payor, e.g., transplantation
9. Delivering expert witness testimony against a referring physician

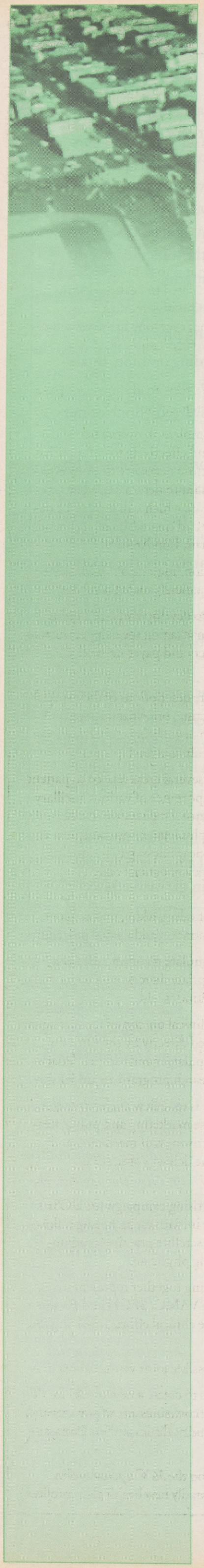
Random surveys of patients and referring physicians can teach us a lot about the way that we practice, and increasingly these opinions will be the major force that determines referral patterns for specialty care. Today UCSF can compete on the price of our services, but that isn't sufficient — we must serve patients and referring physicians in a new and more responsive manner if we expect to survive, much less flourish. Even with these criticisms of our past behavior, I am extremely optimistic about our strongly competitive position in the marketplace...."

7. When their patient is discharged, call the physician or associate and summarize what happened during the stay. Be prepared to discuss results, medication and follow-up.

8. Be certain that the discharge summary is dictated in a timely manner.

9. Give the patient, the referring physician and any other health care provider your card in case they have questions.

10. Remember always that patients are people, not clinical material.



Service Mark

These same contractors also will be looking for proof that UCSF's outcomes are superior to those of other hospitals, one reason why outcomes research has become a Medical Center growth industry. Indeed, in many of the 20 clinical reengineering projects now under way in the Office of Clinical Resource Management (OCRM), outcomes data are a key ingredient. A case in point: Acoustic neuromas, benign brain tumors that can destroy brain function and sometimes kill. "From the beginning, we bring together in one room people who represent every point of service that the patient will encounter," explains Mary Jane Allison, associate director of the OCRM. The team then works to develop a flow chart that shows what happens to a patient from admission to discharge — a revelation to those unused to seeing the big picture.

The acoustic neuroma team now has developed criteria that identify low-risk patients, a notification system that alerts the neuro-intensive care unit of neuroma patients likely to be headed their way, standardized post-operative orders and a host of other changes that, it is hoped, will reduce the average length of stay from more than six days to less than five. At the same time, it is gathering data on surgical outcomes, cost, and impact of the tumor on work and normal activity before and after surgery, with close attention to patient satisfaction.

"Information is a tool that can spark change," says Allison. "I am struck by how willing UCSF doctors and staff are to question their traditional practices and find new and better ways of doing things. The nurses especially have been incredibly flexible and creative." With groups now formed to review adult and pediatric bone marrow transplant, coronary artery bypass graft, fetal surgery, congestive heart failure and a number of other procedures, the message that changing processes and behavior can be a good thing seems to be resonating in other clinical services. The OCRM also is helping to develop practice guidelines for the Integrated Practice Group, a proposed new Heart Center as well as tertiary product contracting and marketing. "Our biggest enemy is time," explains Allison. "We are dealing with issues that affect patients and patient satisfaction so we have to be incremental."

The linchpin in the whole process, of course, is patients — happy, satisfied, grateful patients. UCSF has always had more than its share, in part because many of its patients were so ill that recovery often bordered on the miraculous. Excerpts from patient letters below demonstrate how UCSF continues to earn its reputation for excellence.

"When I was taken to my room on the 12th floor, I found most all of the nursing staff to be exceptional. Not only did they perform their normal duties efficiently, they went out of their way to try and accommodate my special needs...I am experiencing a very rapid rehabilitation (from hip replacement surgery) and attribute much of it to the excellent care I received in the hospital."

"The physicians, RNs, LVNs and clerical staff at General Medicine 3 in the Ambulatory Care Center deserve the highest praise. Their manner with patients is always respectful and civil. The doctors and nurse practitioners treat patients as people, not as "diseases" or as numbers. In a busy setting, they take time to listen to their patients — and in the final analysis this is cost-effective since a patient who collaborates with her doctor or nurse practitioner takes better care of herself and makes more efficient use of the health delivery system."

"That the staff is well-trained and experienced goes without saying. The technology of the hospital is of the highest quality. Even with all the electronic gadgets at the disposal of the staff there is a quality there that I thought was long forgotten — the quality of caring for the individual. Your nurses and doctors have learned how to use the modern tools as they should be used — as an aid not a replacement for the human touch."

Obviously, of the 800 or so letters sent by patients each year, not every one is complimentary. But as these excerpts suggest, UCSF is no stranger to the kind of sparkling medical service that can make it a marketplace heavyweight. And when comments are critical, they also serve a purpose by spotlighting problems — one of which, the difficulty of parking on the Parnassus campus, is now being addressed with a new valet parking service. Indeed, in an attempt to identify and resolve problem areas of particular concern to UCSF employees who use health plan services on Parnassus and at Mount Zion — and whose word of mouth is critical to the success of the entire UCSF medical enterprise — hospital marketing now is organizing ways to sample their opinions too.

The danger at UCSF and other similar institutions, of course, is that as problems are revealed — be they about unanswered telephone calls or sloppy service — they will spark a blame game with fingers pointing in all directions. One of the most contentious games going on at the moment is "What happened to the patients?" — a question that underlies all the statistics about the hospital's declining average daily census. There are explanations aplenty, but as Charles Wilson, director of tertiary care and famed neurosurgeon, explains, no one person or group is to blame. "In the past unnecessary specialty care was provided to patients who chose to go directly to a specialist rather than through a primary care physician." The key words here are "unnecessary" and "directly." Under a managed and capitated system, patients are

corralled. They are not reimbursed for seeing an outside specialist and often are not allowed to go directly to a specialist even within the plan unless given the OK by their primary care physician. Cut off from a traditional supply of patients, UCSF specialists have seen their number of referrals decline.

There is another factor as well. UCSF has done a superb job training specialists, without regard to supply, creating skilled competitors — many of them affiliated with managed care plans — who can take care of more complicated cases without referring them to a teaching center such as UCSF.

This is not to say that when it comes to patients, UCSF is deserted. The main stage has instead shifted to the outpatient clinics, which are booming. In 1991, for example, there were a total of 288,000 ambulatory visits. In 1994, the number had risen to 350,000, a 21 percent increase. Although UCSF's primary care base still is small — the results of last fall's advertising campaign indicate an increase of more than 2,000 enrollees to approximately 22,000 — UCSF and San Francisco General Hospital's recent success in winning the city's workmen's compensation managed care contract is an important sign of the institution's continuing vigor. So, too, is the affiliation among SFGH, UCSF, the Department of Public Health and Clinical Practice Group to provide managed care for Medi-Cal patients in the city enrolled with PacifiCare, an HMO based in southern California. As mentioned earlier, negotiations to provide specialized tertiary care to insurers, groups and plans are under way. The integration with Mount Zion has enhanced UCSF's reputation as a serious primary care provider as well.

Apart from the reform efforts already begun, the Medical Center also is pinning high hopes on its Value Improvement Process, which is using "challenge teams" to identify areas where the quality of service can be improved by spending less and "action teams" for carrying out the plans. At the same time, it has begun a review of all clinical services, looking for, among other details, degrees of duplication, return on investment, low patient volumes and the potential to reduce fixed costs. Kerr understands how some — with the best of intentions — will naturally try to torpedo this review process. "The tendency will be to defend everything as essential, to argue that no more cuts are possible or that if we just had a little more money the program could attract more patients." But, he insists, changes are coming, and all programs and services will be judged fairly, but frankly. "We might consolidate. We might expand. And when the facts call for it, we will eliminate." That strategy does not extend to entire hospitals, however, Kerr adds: "Shutting down one of our hospitals does not make good sense since, despite the declining census, we can't accommodate our inpatient and outpatient clinical programs at one site. And to overreact now could destabilize our future."

Moreover, Kerr argues, despite the lure of instant savings, closing one hospital, presumably the smaller Mount Zion, does not produce an instant economic benefit. "There are some obvious redundancies between Parnassus and Mount Zion, of course, but these hardly make up for what could be the loss of patients whose physicians now admit to Mount Zion," Kerr explains. Where would these patients — and the revenue they generate — go? "Many of them would go to our rivals," says Kerr. "And once they're gone, we might never get them back."

Now What?

It is probably fair to say that if a poll of UCSF employees were taken today, it would reveal a

Clinical Strategies Committee

Joseph Martin	Frank Hanley	Jonathan Rodnick
Haile Debas	Russell Laros	Merle Sande
Willam Kerr	Stanley Lindenfeld	Larry Shapiro
Ron Arenson	James Mailhot	Jonathan Showstack
Nancy Ascher	Jeff Pearl	Charles Wilson
Neal Cohen	Floyd Rector, Jr.	Bruce Wintroub
		Craig Van Dyke

Subcommittees

Education: Purpose is to develop programs to familiarize faculty, management and staff with the issues related to health reform, managed care and the increasingly competitive marketplace. Through these activities, it is hoped that everyone involved will develop the skills and sensitivities necessary to assure success. **Chair,** Charles Wilson

Progress Report: created Combining Forces "road show" (see page 1) and trained presenters; sponsored ongoing Special Reports

Information Systems: Purpose is to complete an overall needs assessment of systems required to respond effectively to competitive marketplace; determine the infrastructure necessary to allow effective communication; engage a consultant to determine what systems are available commercially vs. those which will have to be designed in-house; and develop budgets and timetables for approval by Clinical Strategies Committee. **Chair,** Ron Arenson

Progress Report: Authorized $12 million upgrade of information technology systems to better manage patients and clinical data

Contracting/Networking: Purpose is to develop and build upon successful models for organizing and packaging specialty services to be competitive in the world of contracts and payer networks. **Chair,** Nancy Ascher

Progress Report: Helped faculty prepare descriptions of their specialized services for marketing and contracting; prioritized services for future package pricing; aided faculty in negotiating global physician fees for packaged services; reviewed faculty outreach proposals

Patient Services: Purpose is to review several areas related to patient services including the competitive importance of various ancillary services such as parking; access to facilities; registration procedures; attitudes of providers, both staff and physicians; consciousness-raising among nursing and clerical staff; cleanliness; patient orientations; physician behavior; and efficiency of patient care. **Chair,** Frank Hanley

Progress Report: Sponsored creation of valet parking on Parnassus; continued streamlining of patient registration and related procedures

Outcomes Research: Purpose is to formulate recommendations, both short- and long-term, for appropriate direction and activity in outcomes evaluation. **Chair,** Stanley Lindenfeld

Progress Report: Work completed. Clinical outcomes measurement and management program coordinated directly by the Office of Clinical Resource Management; a population outcomes evaluation project and a dedicated outcomes research program are under way

Public Relations/Marketing: Purpose is to review current marketing activities and develop and/or revise marketing and public relations strategies, and evaluate the effectiveness of marketing and public relations activities related to the delivery of services. **Chair,** Neal Cohen

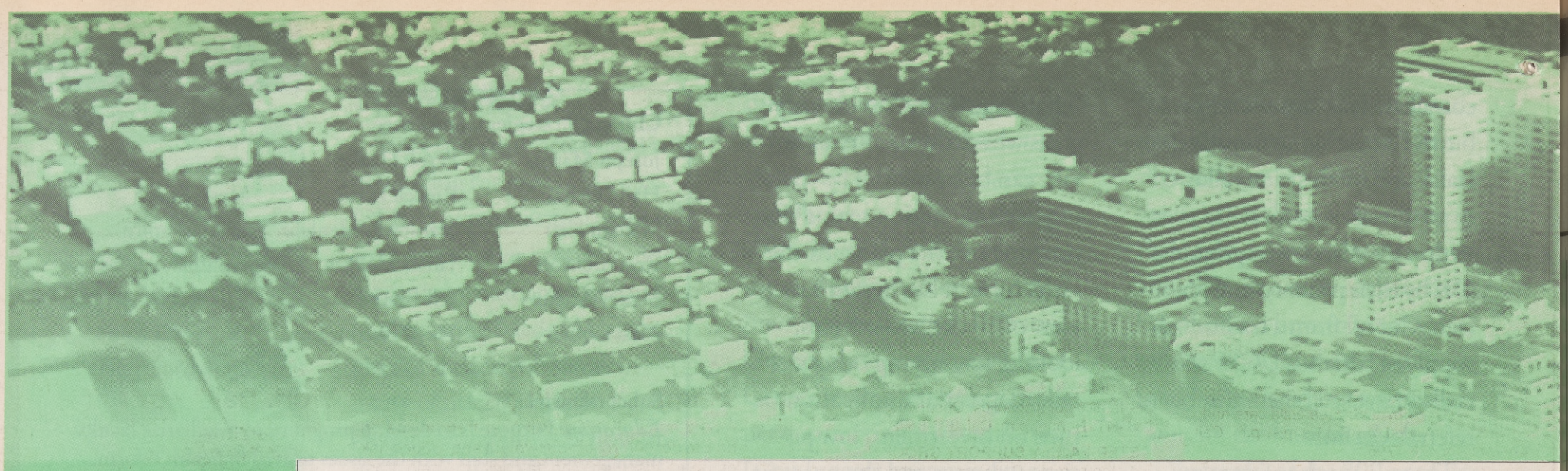
Progress Report: Sponsored fall advertising campaign for UCSF's primary care services; proposed other initiatives, including follow-up advertising, additional outpatient satellite practices, and improved communication with referrring physicians

Campus Integration: Purpose is to bring together representatives from UCSF, UCSF/Mount Zion, the VAMC, SFGH and Fresno to explore the possibility of collaborative clinical efforts involving the various sites. **Chair,** Merle Sande

Progress Report: Deliberations on possible joint ventures continue

Integrated Practice Group: Purpose is to create a new model for delivery of care for prepaid patients that combines use of primary and specialty physicians in UCSF community clinics and on Parnassus. **Chair,** Bruce Wintroub

Progress Report: IPG opened its doors on the ACC's plaza level in January and is now seeing patients, primarily new health plan enrollees



Now It's Your Turn

What do you think about UCSF's future and direction? We want to know. Write us at "UCSF Special Reports," Box 0462. In the meantime, continue to look for the Combining Forces logo in Newsbreak/ Medsounds. Its presence is the signal that the article contains important information about UCSF's reengineering process.

This special report was prepared by Judith Woodard, Director of Public Affairs and Jeff Miller, Assistant Director of Public Affairs.

profound sense of pessimism and frustration. Some employees are angry. Others are exasperated. Virtually all are worried. And, as in the country as a whole, there is distrust of those who make policy and decisions.

These emotions are not surprising since the country is witnessing the death of one type of medical system, dominated by fee for service, and the simultaneous birth of another, just as we at UCSF are seeing the old UCSF — with physicians at the top of the pyramid and needy patients at the bottom — swiftly passing away and the new UCSF struggling to be born. In such an atmosphere, decisions that challenge the status quo are never perceived in a vacuum. In fact, every comma and semicolon is analyzed for hidden significance and measured against the past, even if that past no longer is relevant.

The Integrated Practice Group is a case in point. As the University's model managed care plan, which opened on the plaza level of the Ambulatory Care Center in January, it became a magnet for criticism when it was announced last year that all new managed care patients would be funneled to the group and that, at least initially, there would be no nurse practitioners. Some nurse practitioners strenuously objected to this seeming exclusion from the IPG. And, though two nurse practitioners eventually were added, feathers still were ruffled and some angry words exchanged.

The IPG disagreement is important, not so much for its details, but for what it reveals about the new hurdles that inevitably arise in a reorganization process driven by the marketplace and not by the more traditional academic consensus. Bruce Wintroub, chair of the Department of Dermatology, who directed planning for the IPG, is aware of the hurdles — and the history. "Whenever you try something different on this campus, there is bound to be protest. Many people in different departments didn't like the IPG because it requires doctors to be highly efficient." Furthermore, says Wintroub, the effort required for the practice of managed care is new to the UCSF culture and, at first glance, seems to be at odds with its teaching mission.

Now that the two nurse practitioners have been added to the practice, Wintroub does not expect the sniping to end. "We are in the midst of a revolution. UCSF used to care for the sick almost exclusively. Now, UCSF must manage the health of a population. If we're going to succeed, we have to change the physician's culture first."

One method has been to reorient the delivery of medical services around primary care — a decision that has left some UCSF specialists baffled. Says hematologist/oncologist Alan Venook, "Many specialists are not enthusiastic about the new emphasis on primary care not because they don't think there are too many specialists, but because they don't think primary care is the primary mission of UCSF. Nor do they think it will solve the decline in patient flow." The decision to relocate family and community medicine faculty from the main Parnassus campus to the Lakeshore Clinic a few miles away further confused the issue. Indeed, in a recent response to a letter from 200 medical students concerned about the symbolism of that decision, School of Medicine Dean Haile Debas defended it as the logical outgrowth of declining hospital census and of the success of the Lakeshore Practice, which now is seeing more than 800 primary care patients per month.

As these episodes flare up and quiet down — and there will be more of them in the months ahead — they can contribute to a sense of drift. But one person's drift is another one's flux and in the fluid present, all things are possible to the well-prepared, the open-minded and the deft. "I am encouraged because of the remarkable way in which the Medical Center and all of the Schools cooperate in planning new initiatives," says UCSF Chancellor Joseph B. Martin. Neal Cohen, chief of the medical staff, also is optimistic. "I have no doubt that UCSF will survive, but people need to realize that it will be a far different place than it is now." Much like driving a car while trying to change your clothes, the trick for UCSF will be to find the right road without losing its shirt, or leaving its heart and high standards behind. ■

March 25-April 7, 1995

REGULAR MEETINGS & ONGOING SUPPORT GROUPS

MONDAY

JEWISH WOMEN'S DIALOGUE GROUP: Every other Monday. Call 476-6423.*

DROP-IN SUPPORT GROUP FOR WOMEN LIVING WITH HIV/AIDS: Free child care and beverages provided. A 45. 11 a.m.-1 p.m. Call 476-2417 or 476-7795.*

UCSF STAFF COUNCIL MEETING: Second Monday of the month. Noon-2 p.m. Call 476-5756.

FRIENDS OF LOIS AL-ANON MEETING: Closed meeting: for friends & families of alcoholics only. Conf. Rm. A, 3rd fl., MCB. Noon. Call 626-5633.*

COLORECTAL CANCER SUPPORT GROUP: Second and fourth Mondays of the month. Reservations must be made at 929-7114. No drop-ins allowed. UCSF/Mount Zion Cancer Center, 2356 Sutter. 6:30 p.m.*

UCSF AIDS HEALTH PROJECT MEDITATION & SELF-HYPNOSIS WORKSHOP: Weekly discussion group for anyone dealing with HIV or AIDS in themselves or others. Gazebo Rm., Davies Med. Cntr. 7-9 p.m. Call 476-3902.*

TUESDAY

SFGH CIRCLE OF SISTERS: Networking forum for black women working & studying at UCSF/SFGH. Meets monthly at noon. Call 476-5222.

MULTIPLE HELPERS OUTREACH NETWORK SUPPORT GROUP: For victims & survivors of violent trauma. Ages 15 & over. A 222, LPPI. 10 a.m.-noon. Help-line at 759-7923 provided daily, 7 a.m.-10 p.m.*

CAMPUS AMNESTY INTERNATIONAL MEETING: First Tuesday of the month. MU 111W. Noon-1 p.m. Call 566-8406.*

UCSF GOSPEL CHOIR REHEARSAL: Weekly rehearsals at MCB. Noon. Call 476-6761.*

PARKINSON'S DISEASE EDUCATION & SUPPORT GROUP: For people with Parkinson's & their caregivers. Third Tuesday of the month. Christ Church, Lutheran, 1090 Quintara (at 20th Ave.). 2-4 p.m. Call 476-9276.*

BREAST CANCER SUPPORT GROUP: For women diagnosed or being treated at UCSF/Mount Zion or UCSF/Parnassus. UCSF/Mount Zion Cancer Cntr., 2nd. fl., 2356 Sutter (near Divisadero). 5:30-7 p.m. Pre-registration necessary. Call 885-3693 or 388-3742.*

NURSES' PAIN ASSOCIATION MEETING. Second Tuesday of the month. C 254. 5:30-7:30 p.m.*

BRAIN TUMOR SUPPORT GROUP: First Tuesday of the month. S 758. 7:30-9 p.m. Call 284-0208.*

WEDNESDAY

GAY, LESBIAN, BISEXUAL ASSOCIATION AT UCSF MEETING: Second Wednesday of the month. Members of the Chancellor's Committee on Gay, Lesbian & Bisexual Issues will be present. Call 282-9650 for more information.

"AT THE HEART OF IT" CARDIAC SUPPORT GROUP: For heart patients to share experiences, successes, concerns & anxieties. An ongoing six-week series. Call Kathleen Congdon at 885-7227.*

SUPPORT GROUP FOR FAMILY/FRIENDS OF THOSE WITH MENTAL ILLNESS: Open to anyone interested in learning more about psychiatric disorders & their treatments. Call Laura Deering-Mayclin at 476-7394.*

LATIN AMERICAN CAMPUS ASSOCIATION MEETING: Second Wednesday of each month. HSW 508. Noon. Call Al Lopez at 476-1334.

LATIN WOMEN COALITION: For Latina faculty, staff & students. Noon-1 p.m. Call Betty Jerez at 476-7117.*

PARNASSUS AL-ANON MEETING: For friends & families of alcoholics. Observers welcome. C 417. Noon-1 p.m. Call 626-5633.*

STEP-FAMILY SUPPORT GROUP: For parents & step-parents. Call Sandra Norberg at 476-6389.*

ALCOHOLICS ANONYMOUS MEETING: Closed meeting: alcoholics only. Conf. Rm. 3, 1st fl., MCB. 12:05 p.m. Call 621-1326.*

MULTIPLE HELPERS OUTREACH NETWORK SUPPORT GROUP: For victims & survivors of violent trauma. Ages 15 & over. Two locations & times: A 222, LPPI, 1-3 p.m., and N 517, 7-10 p.m. Help-line also provided daily, 7 a.m.-10 p.m. at 759-7923.*

DIRECTIONS: For women newly diagnosed with breast cancer. UCSF/Mount Zion Cancer Cntr., 2nd. fl., 2356 Sutter (near Divisadero). 5-6:30 p.m. Pre-registration necessary. Call 885-3693 or 885-7498.*

EATING DISORDERS SUPPORT GROUP: Open to anyone dealing with an eating disorder in themselves or others. M 688. 7-8:30 p.m. Call 332-3425.*

CO-DEPENDENTS ANONYMOUS MEETING: A twelve-step program for people who have dysfunctional long-term relationships. LPPI 371. 8-9:30 p.m. Call 432-3529.*

THURSDAY

AWAKE MEETING: AWAKE (alert, well and keeping energetic) is a support and education group for people with sleep apnea and their families. Third Thursday of each month. Bring CPAP equipment for check-up. Call 885-7886.*

LESBIAN LUNCH GROUP: Monthly on Thursdays. Call 476-5222.*

UCSF GOSPEL CHOIR REHEARSAL: Weekly rehearsals at Parnassus. Noon. Call 476-6761.*

HEAD & NECK CANCER SURGERY SUPPORT GROUPS: Separate groups for patients and patients' families meet simultaneously on the second and fourth Thursdays of each month. UCSF/Mount Zion Cancer Cntr., 2356 Sutter, 2nd fl., near Divisadero. 1-2 p.m. Call 885-7623.*

ASSOCIATION OF CLINICAL RESEARCH NURSES MEETING: Third Thursday of the month. M 1317. 5:15-6:30 p.m. Call 476-0683.

PARNASSUS PLAYERS MEETING: UCSF's theater group holds open readings on the first and third Thursday of the month. Apr. 6: S 22. Apr. 20: Toland Hall. 6-8 p.m. Call 476-6761 or 476-9012 (day) and 821-5701 (evening).*

SUPPORT GROUP FOR WOMEN LIVING WITH LIFE-ALTERING ILLNESS: Alternate Thursdays. 6-8 p.m. Call 775-2854 to preregister.*

FRIDAY

CIRCLE OF SISTERS: Networking forum for black women working & studying at UCSF. Most Fridays. Noon-1 p.m. L 535. Call 476-5836.

ALCOHOLICS ANONYMOUS MEETING: Closed meeting: alcoholics only. C 417. 12:10-1 p.m. Call 621-1326.*

LAKESIDE SENIOR MEDICAL CENTER CAREGIVER SUPPORT GROUP: First Friday of each month. $10 per meeting. 2501 Ocean Ave. at Junipero Serra. 2-4 p.m. Call Edith Kaplan at 986-2305.*

For information on 12-step and support groups (other than AA and Al-Anon), call the Mental Health Association of San Francisco at 921-4044.*

BREAST CANCER SCREENING SCHEDULE

Women can have low-cost mammograms — X-rays to screen for breast cancer — from a mobile van that travels to convenient locations in the Bay Area.

Women need the approval of their physician to have the mammogram, in addition to their doctor's full name, address (including room number & zip) and phone number to assure that results are mailed promptly. The procedure takes approximately 20 minutes and costs $65. To make an appointment call 476-2193 between 9 a.m. and 3 p.m.*

Because the service has become so popular and appointments are filled by the time this calendar is published, we list only dates when the van will be at UCSF locations:

- Fri., Mar. 31: UCSF/Parnassus at Medical Center Way.
- Thurs., Apr. 6: UCSF/Parnassus at Medical Center Way.
- Mon., May 1: UCSF/Daly City, 333 Gellert Blvd.

ITS COMPUTER CLASSES

Information Technology Services sponsors the following classes. Call 476-2012 for descriptions and registration forms.

- Thurs., Apr. 20: *Beginning Excel 5.0* (Mac). $195. 9 a.m.-4 p.m.
- Fri., Apr. 28: *Introduction to Windows 3.1.* $170. 8:30 a.m.-12:30 p.m.
- Fri., May 5: *Intermediate Word for Windows 6.0.* $170. 9 a.m.-4 p.m.
- Fri., May 19: *Introduction to Microsoft Word 6.0* (Mac). $195. 9 a.m.-4 p.m.
- Tues., May 23: *UNIX Electronic Mail.* $110. 1-5 p.m.
- Thurs., May 25: *Introduction to WordPerfect 6.0 for Windows.* $170. 9 a.m.-4 p.m.

Upcoming Events

SFGH health fair offers weight control tips

A health fair at SFGH will offer free advice on how to get control of your weight and reduce risk of heart disease. The fair will be held from 11 a.m. t o 2 p.m. outside the hospital cafeteria on Wednesday, March 29. Registered dietitians and physical therapists from SFGH and the Gladstone Insititute of Cardiovascular Disease will provide information on exercise and nutrition in weight control.

Family House hosts dinner, dance, auction

Family House, a home that provides temporary housing for the families of children with cancer and other life-threatening illnesses, will hold its annual fundraiser Saturday, April 1, at 6 p.m.

This year's event, "Follow the Yellow Brick Road," includes cocktails, dinner, an auction and dancing. Some special auction items are: a signed script by the entire cast of "Northern Exposure," a 1981 Mercedes Sports Coupe and a fine art print by former San Francisco 49er Keena Turner.

The event will take place at the Nikko Hotel, Mason and O'Farrell streets, San Francisco. For more information, call 675-9785.

Free health screenings at SF fair April 8

The Black Student Health Alliance and the Student National Medical Association at UCSF are offering free health screenings and education at the Bayview Hunter's Point Neighborhood Health Fair on Saturday, April 8, from 10 a.m. to 4 p.m.

Health screenings include exams for hypertension, diabetes, cholesterol, and glaucoma. Complications from these risk factors can be prevented with early detection and intervention.

Immunizations and pediatric vision screening also will be offered for school-age children.

The fair will be held in the South East Community Health Center, 2401 Keith St., San Francisco. For more information on the event, call 552-5652.

World Music Festival

UCSF Arts & Performances presents World Music Festival on Wednesday, April 12, at 5:30 p.m. in the UCSF Library Lange Reading Room.

This concert is a benefit for the Arts & Performances Department, which provides performing and exhibiting opportunities for the 17,000 UCSF employees and graduate students and features Bay Area artists and renowned poets. A suggested donation of $5 to $10 would be appreciated.

The World Music Festival will feature UCSF campus performers and music including Eastern European song, Vietnamese poetry, Australian music and Brazilian dance. Special guest artists will be performers from the company of Chitres Das, classical Northern Indian Kathak Dance. For more information, call 476-6761.

Troy C. Daniels Lectureship series begins April 17

Peter B. Devran, chair of the Division of Chemistry and Chemical Engineering at the California Institute of Technology, is the speaker for the Troy C. Daniels Lectureship series.

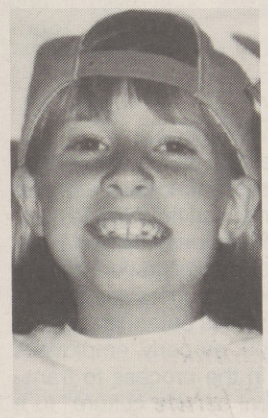
Sponsored by the Pharmaceutical Chemistry department, the series will be held Monday and Tuesday, April 17 and 18, and Friday, April 21. Topics include "Sequence Specific Recognition of Double Helical DNA by Triple Helix Formation." For more information, call Nancy MacKenzie at 476-1913.

SEP awards ceremony

The UCSF Science and Health Education Partnership (SEP) will present its eighth annual lesson plan contest awards ceremony on Tuesday, April 18.

Eight San Francisco middle school and eight high school teams, who devised and presented a health or science lesson plan for their peers, will be honored at the free event to be held from 4 to 6 p.m. in Cole Hall. A reception will follow in the Millberry Conference Center. For more information, call 476-0337.

"Take Our Daughters to Work Day" April 27



Over 30 different campus departments have designed programs for "Take Our Daughters to Work Day" on Thursday, April 27. You are invited to bring your daughter, baby sitter, niece, neighbor, or any girl you care about to participate in one of these programs and possibly spend time with you at your workplace.

Why a special day to take your daughters to work? These statistics from the Ms. Foundation for Women speak for themselves:

- By high school, far fewer girls than boys have a sense of self-esteem and are happy about themselves.
- Adolescent girls are four to five times more likely than boys to attempt suicide.
- By high school, only one in seven girls say they are good at math and science, and teenage girls are much less likely than boys to find science interesting.
- The number of college women across the country going into science is declining.
- In the field of medicine, 83 percent of the doctors are men.

The Ms. Foundation for Women created the event as a way to boost confidence and enthusiasm in adolescent girls at a time when they need it most. Founded in 1972, the foundation has championed the rights and needs of women and girls by working for their economic welfare, safety and health.

Parents, relatives and friends of children ages 9 to 18 are encouraged to participate in this program. The deadline to sign children up for the event is Monday, April 10. The first 400 girls to sign up will receive a Ms. Foundation pin commemorating the day. The day's programs at UCSF are co-sponsored by the Chancellor's Advisory Committee on the Status of Women and the Office of Public Affairs. For more information, call Katherine Riordan at 476-0729.

UCSF team to join WalkAmerica April 29

A UCSF team is being coordinated by Public Service Programs for the March of Dimes 1995 Silver Anniversary of WalkAmerica.

The 10-K walk, with a start and finish line at Sharon Meadow in Golden Gate Park, is slated for Saturday, April 29. Registration will begin at 8 a.m. The walk starts 45 minutes later.

WalkAmerica is a national event that raises money for research that explores the causes of birth defects and ways to treat and prevent them. UCSF scientists will receive grants for basic and clinical research. Last fiscal year, some $837,506 funded such vital research projects as gene therapy and prenatal surgery to correct genetic defects.

Refreshments will be provided and T-shirts will be given to all team members who walk the day of the event. To sign up to be part of UCSF's team, call Public Service Programs at 476-4394.

Dance to Oldies but Goodies May 6

The UCOP Black Staff and Faculty Organization is holding its second annual "Oldies But Goodies" Scholarship Dance on Saturday, May 6, from 8 p.m. to 1 a.m.

The evening will be held at the Clarion Suites Lake Merritt Hotel, 1800 Madison St. in Oakland. Cost is $25 per person.

The purpose of this benefit is to raise scholarship money to assist in bringing the traditions of college education and training to young people from the Bay Area. Dancing will be to oldies tunes spun by DJ Philip Wilson. Optional attire: costumes from your favorite decade! Entertainment also includes kareoke, costume and dance contests, plus door prizes. Evening features hors d'oeuvres and a no-host bar.

For tickets call Renee Smith Boone at (510) 987-9777, ext. 165 or Carletta Starks at (510) 987-9777, ext. 622.

Employees urged to comment by April 14

UCOP releases plan to overhaul personnnel policies, programs

By LISA CISNEROS

The UC Office of the President recently released its first draft of proposals to overhaul the University's personnel policies and programs.

All non-academic and non-represented employees who received outlines of the plan last week are encouraged to read it and give feedback to Director of Human Resources at UCSF Randy Lopez.

Proposals are intended to simplify personnel management processes and delegate more responsibility, authority, and flexibility to campuses in the areas of compensation, classification and personnel administration. Simply put, UC is trying to become more competitive and cost effective and less bureaucratic.

If the plan is to work properly, employees need to participate in the process to transform the existing "civil service culture" to a more business-oriented one. "Given the degree and rate of change affecting our institution, we need to have human resource policies that are more flexible and responsive," says Lopez. "This provides an opportunity to create such flexibility and responsiveness."

Recognizing that evolving University needs and business strategies demand new employee competencies and capabilities, the plan calls for expanding employee development and training. Success will depend "in large measure on assuring that employees possess the skills, knowledge, tools and resources, and client service values to achieve organizational and individual performance objectives," the plan states.

The date for implementing the comprehensive plan at all UC campuses is July 1996. (See sidebar on how UCSF's Human Resources Department is reorganizing.)

Initiated by a systemwide committee in 1993, the plan has evolved from comments received from campuses, individual employees, advisory groups and employee organizations. The plan, presented Nov. 14 in a town hall meeting at UCSF, will be the subject of future forums the first of which is slated for Tuesday, March 28, from 10 a.m. to noon, in Cole Hall.

Called the "Human Resource Management Initiatives — Policy and Program Proposals," the plan has four major proposals:

♦ To adopt a philosophy statement for human resource management that encompasses the basic values of responsibility and accountability, trust, respect, reward and recognition and flexibility.

♦ To redesign the existing, complex four-tier personnel system (including the Executive Program, Management and Professional Program, Administrative and Professional Program and the Staff Personnel Program) into one program. Policies would be streamlined and simplified. For example, a new Leave of Absence policy could combine pregnancy, disability, family and medical leaves into a single policy.

♦ To take a new direction in compensating and classifying employees. Changes in compensation would reward effective performance, create incentives and encourage career development while giving campuses additional authority to offer salary packages that are more closely aligned to individual markets. Changes in job classification would reduce the number of individual staff job titles to make it easier for managers and supervisors to organize the work to be performed. This part of the plan also addresses the need to develop new personnel information systems to support these changes.

♦ To implement a "blueprint" for action to provide effective education, training and development for employees, which ensures that development and training programs are linked with UC's strategic mission and goals.

Complete copies of the plan were sent to campus administrators who will share them with interested employees. A limited number of complete copies also are available for pick-up in Human Resources at Laguna Honda, Mission Center and at the Library Reference Desk.

Comments on the plan may be sent to Lopez at Box 0832 or via e-mail to tellhr@ucsfvm.ucsf.edu.

Human Resources reorganizes to give better service

By LISA CISNEROS

The Human Resources Department is reorganizing its operations to better serve campus departments, administrators announced this week.

The new service is expected to begin early April.

As a result, performing basic personnel actions such as hiring, classifying and recruiting employees will be faster and easier than ever before.

"We want to provide our campus clients with improved customer service," says Catherine Pedersen, staffing and compensation supervisor. "This is part of the current campus culture. Everyone is going through streamlining."

Indeed, UCSF is in the process of looking at ways to "do more with less" in an era of shrinking state and federal resources. In addition, a systemwide plan to provide improved personnel services in a more cost-effective and efficient manner is being coordinated through the UC Office of the President. (See lead story.)

To help streamline and simplify personnel processes at UCSF, Human Resources has consolidated the Employment Division and the Classification Services Division into the Staffing and Compensation Division. Although both divisions have been housed at the Laguna Honda campus, they have operated separately for more than 20 years.

Now that both divisions have been combined, campus managers need only work with one staffing and compensation analyst. As part of the operations overhaul, a customer service representative will work as the "front line" contact for departments to answer basic questions. This will allow the staffing and compensation analyst to visit departments to better understand, coordinate and meet its business needs.

And although some Human Resources employees will assume different duties as the department reorganizes, layoffs are not expected, according to Randy Lopez, director of the Human Resources Department. Human Resources employees have been attending special training workshops and recently a retreat to help prepare them for the new customer-oriented services.

Improving communication on campus is key to a successful reorganization effort, Pedersen says. Human Resources administrators will be inviting department managers to meetings to inform them about the changes in service.

The Human Resources Department has been implementing over the past year new strategies to better serve the campus. Last summer, it acquired Resumix, an automated data processing system to assist in tracking and screening applicants, and more recently it established a "quick hire" process that gives departments authority to hire casual employees to meet their short-term needs. This process eliminates the time and salary restrictions of the 60-day, short-term hire process. The department also plans to boost its recruitment efforts to attract and identify qualified applicants.

The largest non-governmental employer in San Francisco, UCSF employs some 15,000 full- and part-time employees. And although some departments are in the midst of hiring freezes or downsizing to reduce expenses, the Human Resources staff is kept busy working to fill jobs from regular turnover. Currently, UCSF has some 350 job openings.

Prop 187 litigation

What follows is an order by Superior Court Judge Stuart R. Pollak granting a preliminary injunction in the state court Proposition 187 litigation:

To UC Students, Faculty and Staff:

PLEASE TAKE NOTICE that pursuant to court order, Sections 8 and 9 of Proposition 187, i.e., those provisions affecting student admission or registration, have been enjoined and are not being enforced pending further court order. SPECIFICALLY:

♦ *Students and applicants will not be prohibited from attending or continuing in their enrollment based on the provisions of Sections 8 or 9 of Proposition 187; and*

♦ *Students and applicants will only be asked to verify their immigration status for the sole purpose of determining their residency status for tuition purposes; and*

♦ *No information regarding any student or applicant will be transmitted to the United States Immigration and Naturalization Service, directly or indirectly, pursuant to Sections 8 or 9 of Proposition 187.*

Fun Zone

Allen J. Balderson

UCSF Night at the Academy

A boy shows his wonder at his fine, finned friend during UCSF Night at the California Academy of Sciences on March 7. Nearly 3,000 campus employees, family members and friends attended this free night of activities.

Black & White Gala

Come spend a special evening on Friday, April 7, from 9 p.m. to 1 a.m. at the Black & White Gala at the Gift Center Pavilion in San Francisco.

The event will feature music by the rhythm and blues band, Standing Room Only. Entertainment also will be provided by DJ Andy Kawanami. Hors d'oeuvres will be served with a no-host bar. Tuxes to T-shirts welcome! Tickets are available at the Millberry Union Central Desk.

Raffle tix on sale April 1

Tickets for the annual EMPACT! raffle, a fundraiser that pays for future events on campus, will go on sale Saturday, April 1. Cost is $1 per ticket.

The raffle drawing will be held Thursday, June 1. Grand prize is a Power Mac 6100 computer with monitor courtesy of Apple Computer Inc. and the UCSF ITS Store. For more information call 476-2675.

Spring classes to start

Registration for spring recreation and fitness classes starts Monday, April 3, for UCSF students and Millberry members and Tuesday, April 4, for UCSF employees and the general public. Classes begin Saturday, April 8. Register at the Millberry Fitness Center from 7 a.m. to 7 p.m. Call 476-1115 or 476-0350 for more information or to get a class schedule.

Money Matters

Updates on 403(b) plan now available

Participants in UC's Tax-Deferred 403(b) Plan were mailed updated information on the plan during the week of March 6. Information was mailed to all employees with a 403(b) plan balance, whether or not the employee is currently contributing to the plan. Included in this mailing was a letter describing new procedures, a revised Salary Reduction Agreement (form UPAY 801) and Tax-Deferred 403(b) Plan worksheets "Employees Without a Break in Service."

Employees who separated from University service and were rehired may not use the worksheets included in the package and should call UC Benefits Customer Service at 1-800-888-8267, ext. 70651 for Tax-Deferred 403(b) Plan worksheets, "Employees With a Break in Service."

If you are a 403(b) plan participant and have not received this information, call UC Benefits Customer Service at the above number. If you are interested in obtaining information about plan participation, call the campus Benefits Office at 476-1400.

Medical Call Board

Alzheimer's studies

Researchers are conducting two studies to help them better understand and treat Alzheimer's Disease. The first tests a drug and the second charts changes in the short-term memory of Alzheimer's patients. Participants should have mild to moderate Alzheimer's, no other uncontrolled medical problems or history of stroke and a caregiver that visits regularly. Studies are conducted by the Center for Clinical & Aging Services Research. For more information, call 750-4170.

Herpes vaccine study

UCSF researchers at SFGH are evaluating a preventive vaccine against herpes simplex. Participants should be men or women age 18 to 45 with no history of genital herpes, whose regular sexual partner has recurrent outbreaks of genital herpes.

Vaccine or placebo is injected three times over six months. Participants are then monitored over one year. For more information, call 206-3629.

Nominate for Kaiser teaching awards

Nominations for the 1995 Kaiser Awards for Excellence in Teaching will be accepted starting Saturday, April 1.

Nomination forms will be available in the Student Affairs Lounge, room S 245; Curricular Affairs, room S 221; the VAMC Dean's Office; SFGH Dean's Office; or the Medical Staff Office at Mount Zion.

Deadline to submit nominations is Friday, April 28. Winners will be announced at the School of Medicine commencement in May.

New Millberry Bookstore hours

The Millberry Bookstore has extended its hours of operation.

The new hours are Monday through Friday from 8 a.m. to 6 p.m. and Saturdays from 10 a.m. to 5 p.m. Saturday hours for identification cards will be from 10 a.m. to 12:30 p.m. For more information, call 476-1666 or 800-846-2144.

Medsounds Continued

Auxiliary presents Easter egg hunt, shopping spree at FAO Schwarz

Jeanne and Danny McPhee, children of internist Stephen McPhee and Patty Perry, associate director of program planning and marketing, were among the 120 children who went on the Easter egg hunt last year.

The Hospitals Auxiliary of the UCSF Medical Center and FAO Schwarz will present the second annual Easter Egg Hunt and Spring Shopping Spree on Saturday, April 15.

The hunt will be from 8:30 to 10 a.m. and the spree will be from 8:30 a.m. to 6 p.m. at the toy shop, corner of Stockton and O'Farrell streets in San Francisco.

Admission is $25 per child and the event is free for adults.

Grand prizes will be awarded to the two children who find a golden egg and to winners of the raffle drawing. Refreshments will be included. Ten percent of all proceeds from sales on the day of the event will be donated to the UCSF Hospitals Auxiliary to benefit hospitalized children and to provide patient amenities.

Last year, 120 children searched for some 700 eggs hidden around the store, says Teru Hirano, Auxiliary spokesperson.

The Auxiliary again will help pediatric patients to participate in the event, sponsored by ESS Architects, Pacific Bell and HGA Architects.

For more information on this event, call Hirano at 476-4906.

FAO Schwarz/UCSF Benefit

Please make _____ reservations for the
Annual Easter Egg Hunt & Shopping Spree on April 15
at $25 per child.

I/We will not attend, but wish to support the UCSF Hospitals Auxiliary or sponsor a child with the enclosed tax-deductible contribution of $ _____ .

Name _____

Address _____

_____

Daytime Phone _____

For more information, please call the Hospitals Auxiliary at 476-4906.
Reservations should be received by April 3, 1995
Make checks payable to UCSF Hospitals Auxiliary and send to 505 Parnassus Ave., Box 0208, San Francisco, California 94143-0208.

Medical Center offers college scholarship

The Medical Center is offering the Jacqueline W. Kuhn Scholarship for the second consecutive year.

The purpose of the $1,000 scholarship is to recognize a dependent of a Medical Center employee who has demonstrated excellence in academic accomplishment as well as service to the community through volunteer work and extracurricular activities.

The scholarship will be awarded to help defray educational and living expenses incurred while the student attends college.

Kuhn, former finance director, was one of 99 people in the Medical Center to accept early retirement in November 1993. At Kuhn's request the retirement fund set up in her honor will sponsor scholarships.

Applicants must be the dependent of a staff member who has been employed by the Medical Center for at least three years. Applicants also must have been accepted to, or be enrolled at, a campus of the University of California or a California State University. Applicants must have at least half-time student status.

The awardee will be selected by a panel of Medical Center staff.

Last year, Rhea Laughlin, 21, a senior at UC Santa Cruz, became the first recipient of the scholarship. Laughlin is the daughter of clinical social worker Judith Laughlin.

Nominations must be returned to the Jacqueline W. Kuhn Scholarship Fund Committee, c/o Kathy Balestreri, Box 0296, no later than Monday, May 15.

To get an application, contact Joan Guerra at 476-2230.

Panel talks about the legalization of assisted suicide on April 12

A panel of experts will discuss the medical, ethical and legal aspects surrounding the controversial issue of assisted suicide on Wednesday, April 12.

Called the "Legalization of Assisted Suicide: What are the Issues?" the topic will be discussed at 6:30 p.m. at the Metropolitan Club, 640 Sutter St. in San Francisco. Cocktails will be served beginning at 5:30 p.m. before the program. Reservations are required and the cost is $15.

Panelists include UCSF's John M. Luce, professor of clinical medicine and anesthesiology; Rabbi Stephen Pearce, senior rabbi at the Congregation Emanu-El; and Jesse H. Choper, Earl Warren professor of public law, Bolt Hall School of Law.

The panel discussion is sponsored by the UCSF/Mount Zion Medical Center Auxiliary, Mount Zion Health Systems Inc. and the Harvard Club. For more information, call the UCSF/Mount Zion Auxiliary at 885-7354.

Medical crew sought for AIDS bike ride

Members of the UCSF medical community are being recruited to volunteer for the medical crew for the second California AIDS Ride.

A fundraising event to help benefit the San Francisco AIDS Foundation, the AIDS Ride is slated from Sunday to Saturday, May 14 to 20, from San Francisco to Los Angeles. Some 1,600 riders are expected to participate in the ride to raise funds for the Foundation and public awareness about the disease.

Doctors, nurses, paramedics and physical therapists among others are desperately needed for this event, according to VAMC psychiatrist Rob Daroff who is helping to recruit volunteers.

The San Francisco AIDS Foundation provides specialized programs for gay and bisexual men as well as women and children, referral and information about social services, financial assistance including emergency housing and food stamps.

Please call 252-7433 for more information and dates for the next medical crew orientation.

Women *(from page 8)*

says. "And with openness, acceptance of ourselves and our partners, and a bit of creativity, sexual fulfillment can be a part of our life at any age."

Women should know that menopause puts them at greater risk for developing heart disease, the leading cause of death among US women, Luft says.

"For much of our lives, estrogen offers substantial protection against heart disease," she says. "But by around age 55, our rate of heart disease begins to climb, both because estrogen levels drop and because other risk factors for heart disease begin to climb."

"There is no yardstick by which normality of sexual desire and sexual expression is measured."

— Janis Luft, nurse practitioner

New studies have shown that shifting hormonal levels during menopause have effects that compound the normal changes of aging. Findings from the Healthy Women Study at the University of Pittsburgh, following more than 500 women through menopause, show that LDL cholesterol (low density lipoproteins responsible for clotting coronary arteries and reducing blood flow to the heart) and a major blood-clotting substance called fibrinogen (also known to increase heart disease risk) increase at menopause.

Women can prevent heart disease by exercising, eating a low-fat diet rich in fruits and vegetables and maintaining a safe blood pressure level, she says. Women also may be able to ward off heart disease not only with estrogen replacement therapy but by taking low-dose aspirin regularly.

"For most of us, the key to maintaining our personal balance through menopause is in accepting this transition as a natural occurrence in our life cycle, identifying our symptoms and stressors, and devising strategies for coping and adapting to change," Luft says. "These may include maintaining a high level of communication with our significant others, our social support network and our health care providers, and most importantly, listening to our bodies."

Blood *(from page 8)*

fessor of surgery who performs liver transplants, says patients with liver disease need plasma because they don't produce their own clotting factors for coagulation. Red blood cells are used to replace blood lost in surgery.

While the Medical Center uses about 70 units of whole blood on an average day and gives some 15 patients platelets daily, bad weather can decrease supply. Rainstorms can wreak havoc on the roads causing difficulties for regular blood donors attempting to reach blood collection sites.

"We are having a little bit of difficulty [meeting demand] now, but it's not as bad as in January," Viele explains. "We had a crisis then. There was not enough blood to carry on elective or liver transplant surgery. We had only a couple of 0-neg units on our shelf and that made us very uncomfortable."

When blood supplies are down, blood center officials usually call other banks for blood to spare, but this year's wicked winter has taken a toll throughout the US, Viele says. "This shortage has been seen across the country. People haven't been donating as much and when that happens it's scary. With all the flooding, some people couldn't get to blood centers."

Donating takes about 20 minutes from the time the donor fills out a medical history form, meets with a nurse who checks temperature, pulse rate and blood pressure and makes sure that the hemoglobin is high enough to donate. Donating platelets takes about 90 minutes. After the blood product is tested for a number of infectious diseases, it is stored in the Blood Bank on the fifth floor of Moffitt Hospital.

"The blood supply is about as safe as it can be," says Goldstone.

And while the donor room nurses at the Blood Donor Center are happy to draw any of the four types of blood — O, A, B or AB of either RH negative or RH positive — O-negative blood is the most versatile as it can be given to any patient regardless of blood type. In fact, when health care workers can't wait for the laboratory to determine a hemorrhaging patient's blood type, the Blood Bank gives out O-negative blood.

The Blood Donor Center has grown steadily since it opened in January 1988 and now occupies two rooms behind the ER in Long Hospital. This center is pint-sized compared to Irwin Memorial Blood Center, which serves as the resource for UCSF and the entire Bay Area.

"We depend on the community centers to help us supply the 45,000 blood products we need each year at UCSF," Viele says.

UCSF Blood Donor Center

Blood drive dates

The UCSF Blood Donor Center will hold its spring blood drive on Wednesday, April 12, from 9 a.m. to 4 p.m. in the Millberry Union. Other blood drive dates this year are July 12 and Oct. 18.

The center, in room L 131, is open to donors on a drop-in basis Monday through Friday, from 8 a.m. to 7:45 p.m. and on Saturdays from 9 a.m. to 4:30 p.m.

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Insert ... Special report: UCSF faces the strain of change

Page 1 ... UCSF announces 1995 medal winners

Page 1 ... Affirmative action debate continues at UCD

UCSF Medsounds

Medsounds is a section of Newsbreak for and about employees of the Medical Center, including Moffitt-Long, the ACC, UCSF/Mount Zion and Medical Center employees at Mission Center and Laurel Heights.

UCSF Blood Donor Center holds spring blood drive

Don't take health for granted — give blood on April 12

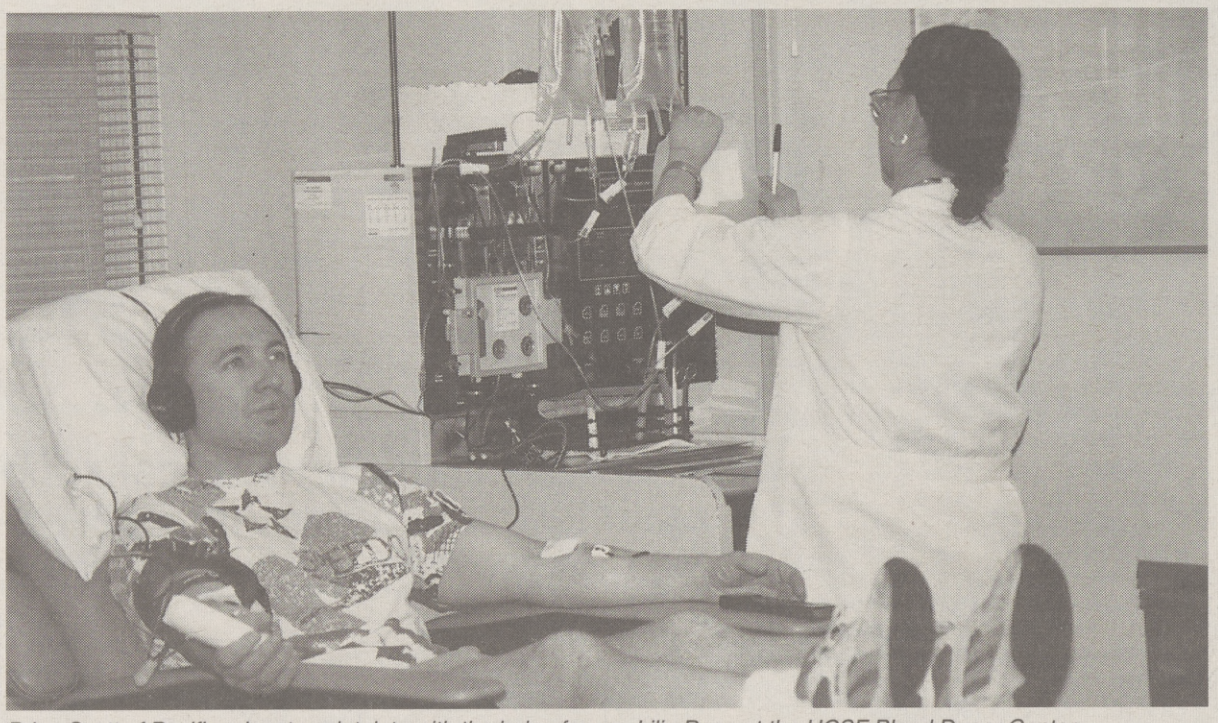
By LISA CISNEROS

With remote control in hand, earphones in place, 33-year-old Brian Scott of Pacifica kicks his feet up on a comfortable recliner as he watches CNN. Scott is not the average couch potato, though, he's working to save the lives of strangers.

A regular blood donor at the UCSF Blood Donor Center, Scott gives platelets 24 times a year — the maximum allowed for his body to replenish itself with the tiny protoplasmic disks that are smaller than red blood cells and promote coagulation.

"I don't take my own health for granted," said the athletic-looking Scott, donned in running attire during his lunch hour. "It's kind of neat to meet some of the people who benefit. Some of them have life-threatening illnesses."

Scott and other regular donors are considered heroes at the UCSF Blood Donor Center where autologous, donor-designated and volunteer units are drawn, typed and processed for patients who need them to survive.



Lisa Cisneros

Brian Scott of Pacifica donates platelets with the help of nurse Lilia Pena at the UCSF Blood Donor Center.

"It's really essential that blood be donated so community resources can remain at a stable level," says vascular surgeon Jerry Goldstone. "One never knows what's going to happen — an accident, natural disaster."

That's why Goldstone and other health care professionals are appealing to the campus community to give blood during the UCSF Blood Donor Center's spring blood drive slated for Wednesday, April 12, from 9 a.m. to 4 p.m. in Millberry Union. Other blood drive dates scheduled for this year are Wednesdays, July 12 and Oct. 18.

But people don't need to wait for a blood drive to donate; they can drop in at the center, located on the first floor of Long Hospital, room 131, during its regular hours Monday through Friday, from 8 a.m. to 7:45 p.m. and Saturdays from 9 a.m. to 4:30 p.m.

"We have an ongoing need for blood and platelets because we have so many transplants here," says Maurene Viele, assistant medical director at the center.

Indeed, John P. Roberts, an assistant pro-

(See **BLOOD** *on page 7)*

Dispelling the myths of menopause

By LISA CISNEROS

Whether they like it or not, women are at the mercy of the rise and fall of their hormones.

While both men and women experience a surge in the production of sex hormones at puberty, women must deal with tremendous hormonal changes monthly at menstruation and throughout their lifetime, especially at menopause, when production of estrogen ceases.

Women's History Month

"Through the perimenopausal years and menopause we adapt to a decline and ultimate cessation of hormonal production," explains Janis Luft, a UCSF women's health care nurse practitioner. "And while we tend to think of estrogen and progesterone simply as reproductive hormones, these amazing chemicals have an impact on almost every system in the body." Indeed, estrogen receptors are in the brain, bone, bladder, walls of the veins and arteries, etc.

Luft dispelled some of the myths of menopause — that women become manic depressive or lose their sexual appetite — at a Brown Bag Lecture March 16 at MCB, one of several events honoring Women's History Month.

"In our mothers' and grandmothers' lifetimes, there were many negative stereotypes surrounding menopause," Luft says. "Few women shared their experiences about this life transition. Nor were the prevailing psychological models about the experience of menopause reassuring. Helen Deutsch, a renowned early psychoanalyst and student of Sigmund Freud, characterized menopause as a 'partial death' and called it, 'one of the most difficult tasks of a woman's life.'"

Current understanding of menopause has debunked these myths, but the new image of the menopausal woman, a middle-aged career woman and mother "who hardly notices her age or her hormonal status" is also unrealistic, Luft says.

Most women recognize the hormonal differences of menopause, which occurs in the age range of 45 to 55. And while it's difficult to predict when menopause will hit — it is unaffected by age of first menstruation or number of pregnancies — only cigarette smoking has been conclusively shown to lower the age of menopause by about two years, Luft says.

While mood disturbances in menopausal women are not uncommon, menopause has not been linked specifically to any depressive syndromes. "It is true that depression is more prevalent in women than in men at all ages," Luft says. "Women suffer from depressive syndrome twice as frequently as men do. But statistics show that women are at greatest risk for depression when we are in our 30s, are married, and have young children."

Menopause does cause hot flashes for the majority of women, who can experience the symptoms over a period of six months to two years. Physiological responses that occur most typically with a hot flash are a sudden increase in heart rate, often sensed as palpitations, increased blood flow to the skin and a rise in skin temperature. Although self-awareness is the principal strategy in managing hot flashes, hormone replacement therapy is the most effective prescription medication in the US, Luft says.

Luft

Although ovarian hormones do play a role in sexual functioning, estrogen is not the hormone of sexual desire in women, Luft explains. "It appears from many studies that testosterone is the libido hormone for both men and women. And while testosterone production also declines with menopause, the drop in production of this hormone is not as dramatic as that of estrogen."

Reduced estrogen levels can have an impact on sexual intercourse due to a thinning and drying of vaginal secretions, but sexual drive is influenced also by a variety of life factors such as stress, Luft says. "There is no yardstick by which normality of sexual desire and sexual expression is measured," she

(See **WOMEN** *on page 7)*

Doctors take note

UCSF/Mount Zion gets dictation system upgrade

The Medical Center's Medical Record Services is planning to convert Mount Zion to the new Dictaphone Digital Dictation System on Monday, April 3.

The new telephone number to access the dictation system when calling from outside Mount Zion is 502-5000, according to Sandi Gutierrez, transcription manager. From inside, dial ext. 2-5000.

It will be critical to use the correct codes when entering dictation information via the telephone keypad. Use of incorrect codes will cause a delay in transcription, Gutierrez says.

Doctors at Mount Zion currently use an antiquated analog tape system to dictate notes on patient discharge, operating procedures, clinic notes and letters.

The new system will eliminate the current 15-minute limit on dictation length and give users the ability to dictate multiple reports. As a result, reports will be distributed faster.

The dictation systems at the Medical Center on Parnassus and LPPI were upgraded last October.

Instruction packets soon will be sent to all who dictate at Mount Zion. For more information, call Gutierrez at 476-1633.

UCSF specialists among best in Town & Country

Town & Country's "Best Medical Specialists" list was published in the February and March issues of the magazine.

The list was adapted exclusively by Town & Country from "The Best Doctors in America," the directory of the top doctors in the country. "Its methodology for choosing doctors has won the confidence of the medical profession as well as the respect of such major nonprofit healthcare organizations as the American Cancer Society," the magazine notes.

Names of physicians who specialize in treating the 10 biggest killers of Americans ages 45 to 64 included the following from UCSF and UCSF-affiliated hospitals:

♦ I. Craig Henderson, chief, medical oncology, and professor, medicine; director, clinical cancer program at UCSF/Mount Zion Cancer Center. Specialties: early- and late-stage breast cancer, adjuvant chemotherapy and innovative new therapies, 476-8789.

♦ Emmet B. Keeffe, clinical professor, medicine. Specialty: liver disease, 202-1530.

♦ Lawrence W. Way, professor, surgery. Specialties: hepatic, biliary, pancreatic, laparscopic and esophageal surgeries, 476-1161.

♦ Nancy L. Ascher, professor and vice chair, surgery; chief, Transplant Service. Specialties: liver and kidney transplantation, 476-8028.

♦ Jean C. Emond, associate professor, surgery; director, Pediatric Liver Transplantation. Specialty: liver transplantation, 476-8028.

♦ John H. Karam, professor, medicine; chief, clinical endocrinology, Metabolic Research Unit, UCSF Medical Center, 476-1364.

♦ Diane Wara, professor, pediatrics; director, Pediatric Immunology/Rheumatology. Specialty: AIDS, 476-2865.

♦ Merle A. Sande, professor and vice chair, medicine; chief, Medical Service, SFGH. Specialty: upper respiratory tract infections, 206-8317.

♦ Paul A. Volberding, professor, medicine; chief, AIDS Program and Clinical Oncology; director, Center for AIDS Research, SFGH. Specialty: AIDS, 476-4082.

♦ Lowell S. Young, clinical professor, medicine. Specialties: immunosuppressed individuals, cancer, transplants and AIDS, 923-3262.

♦ James M. Beck, assistant professor, medicine; chief, Chest Clinic, VAMC. Specialty: cytokines, 750-2007.

♦ Gisela F. Schecter, assistant clinical professor, medicine; director, City and County of San Francisco Dept. of Public Health, Division of Tuberculosis Control, SFGH. Specialty: tuberculosis, 206-8254.

♦ Philip Hopewell, professor, medicine; chief, Division of Pulmonary and Critical Care Medicine and associate chief, Medical Service, SFGH. Specialties: tuberculosis, AIDS, 206-8313.

♦ Jerome A. Motto, professor emeritus, psychiatry. Specialty: treating patients with suicidal tendencies, 476-1485.